## Case 16-27581 Doc 1 Filed 08/29/16 Entered 08/29/16 07:11:07 Desc Main Document Page 1 of 57

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

# Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:              | Identify Yourself   |  |   |
|-----|--------------------|---|--|---|
|     |                    |   | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                | r full name   |  |   |
|     | your               | e the name that is on<br>government-issued<br>are identification (for                                   | Norma First name                                 | First name                                    |
|     |                    | mple, your driver's use or passport).   | Middle name                                      | Middle name                                   |
|     | iden               | g your picture<br>tification to your<br>ting with the trustee.  | Valdes  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                    | other names you have<br>d in the last 8 years   |  |   |
|     |                    | de your married or<br>den names.  |  |   |
| 3.  | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>atification number | xxx-xx-5955                                      |   |

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Case number (if known)

Debtor 1 Norma Valdes

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|---|---|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|    |   | EINs  | EINs   |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |
|    |   | 334 Shorewood Dr<br>Unit #3-B<br>Glendale Heights, IL 60139   |  |  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|    |   | DuPage<br>County  | County   |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| ò. | Why you are choosing  | Check one:  | Check one:   |  |  |
|    | this district to file for bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |   |   |  |  |  |

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Case number (if known) Debtor 1 Norma Valdes

| Par | t 2: Tell the Court About   | Your B       | Bankruptcy Ca | ise                                 |   |  |          |  |  |
|-----|---|--------------|---------------|-------------------------------------|---|--|----------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |              |               |                                     | of each, see <i>Notice Required by</i> f page 1 and check the appropria | v 11 U.S.C. § 342(b) for Individuals Filing for Bankı<br>ate box.  | ruptcy   |  |  |
|     | choosing to file under  | Chapter 7    |               |                                     |   |  |          |  |  |
|     |   | □ Chapter 11 |               |                                     |   |  |          |  |  |
|     |   | □с           | hapter 12     |                                     |   |  |          |  |  |
|     |   | □с           | hapter 13     |                                     |   |  |          |  |  |
|     |   |              |               |                                     |   |  |          |  |  |
| 3.  | How you will pay the fee  |              | about how yo  | ou may pay. Typ<br>attorney is subi | pically, if you are paying the fee y                                    | ck with the clerk's office in your local court for mor rourself, you may pay with cash, cashier's check, chalf, your attorney may pay with a credit card or ch | or money |  |  |
|     |   |              |               |                                     | tallments. If you choose this optors (Official Form 103A).              | ion, sign and attach the Application for Individuals   | to Pay   |  |  |
|     |   |              | I request tha | t my fee be wa                      | rived (You may request this option                                      | on only if you are filing for Chapter 7. By law, a jud   |          |  |  |
|     |   |              |               |                                     |   | our income is less than 150% of the official povert in installments). If you choose this option, you mus   |          |  |  |
|     |   |              |               |                                     |   | icial Form 103B) and file it with your petition.   |          |  |  |
|     |   |              |               |                                     |   |  |          |  |  |
| ).  | Have you filed for bankruptcy within the  | ■ No         |               |                                     |   |  |          |  |  |
|     | last 8 years?   | □ Ye         |               |                                     | 140   |  |          |  |  |
|     |   |              | District      |                                     |   | Case number  |          |  |  |
|     |   |              | District      |                                     | When<br>When  |  |          |  |  |
|     |   |              | District      |                                     | when  | Case number  |          |  |  |
| 10. | Are any bankruptcy  | ■ No         | 0             |                                     |   |  |          |  |  |
|     | cases pending or being filed by a spouse who is                                       | □ Ye         | es.           |                                     |   |  |          |  |  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |              |               |                                     |   |  |          |  |  |
|     |   |              | Debtor        |                                     |   | Relationship to you  |          |  |  |
|     |   |              | District      |                                     | When  | Case number, if known  |          |  |  |
|     |   |              | Debtor        |                                     |   | Relationship to you  |          |  |  |
|     |   |              | District      |                                     | When  | Case number, if known  |          |  |  |
| 11. | Do you rent your  | <b>-</b>     | Go to I       | ine 12.                             |   |  |          |  |  |
| -   | residence?  | ■ No         | o.<br>        |                                     | ained an eviction judgment casin  | set you and do you want to stoy in your recidence?   |          |  |  |
|     |   | □ Ye         |               |                                     | , 0   | st you and do you want to stay in your residence?  |          |  |  |
|     |   |              |               | No. Go to line                      |   | Judgment Against Vou (Form 101A) and file it with  | h thio   |  |  |
|     |   |              |               | bankruptcy per                      |   | Judgment Against You (Form 101A) and file it wit   | n uns    |  |  |

| Deb  | tor 1 Norma Val   | des                |            |                            | Document Pa   | age 4 of 57 $_{ m c}$ | Case number (if known)        |                              |
|------|---|--------------------|------------|----------------------------|---|-----------------------|-------------------------------|------------------------------|
|      |   |                    |            |                            |   | _                     |                               |                              |
| Par  | 3: Report About   | t Any Bus          | sinesses ` | You Own                    | as a Sole Proprietor  |                       |                               |                              |
| 12.  | Are you a sole pro  |                    | _          |                            |   |                       |                               |                              |
|      | of any full- or part business?  | -time              | ■ No.      | Go to                      | Part 4.   |                       |                               |                              |
|      |   |                    | ☐ Yes.     | Name                       | and location of business  |                       |                               |                              |
|      | A sole proprietorshi  |                    |            | Nama                       | of husiness if any  |                       |                               |                              |
|      | business you opera<br>an individual, and is<br>separate legal entit<br>as a corporation,<br>partnership, or LLC | s not a<br>ry such |            |                            | of business, if any   |                       |                               |                              |
|      | If you have more th<br>sole proprietorship,<br>separate sheet and   | , use a            |            | Numb                       | er, Street, City, State & ZIP Coo   | de                    |                               |                              |
|      | it to this petition.  |                    |            | Check                      | the appropriate box to describe   | e your business:      |                               |                              |
|      |   |                    |            |                            | Health Care Business (as defi   | · ·                   | ` '/'                         |                              |
|      |   |                    |            |                            | Single Asset Real Estate (as d  |                       | § 101(51B))                   |                              |
|      |   |                    |            |                            | Stockbroker (as defined in 11   | • , ,,                |                               |                              |
|      |   |                    |            |                            | Commodity Broker (as defined  | d in 11 U.S.C. § 101  | (6))                          |                              |
|      |   |                    |            |                            | None of the above   |                       |                               |                              |
| 13.  | Are you filing und<br>Chapter 11 of the<br>Bankruptcy Code<br>you a small busine<br>debtor?                     | and are            | deadlines  | s. If you in<br>s, cash-fl | ler Chapter 11, the court must k dicate that you are a small busin bw statement, and federal incom 1)(B). | ness debtor, ýou mu   | st attach your most recent    | balance sheet, statement of  |
|      | For a definition of s   | emall              | ■ No.      | I am r                     | ot filing under Chapter 11.   |                       |                               |                              |
|      | business debtor, se<br>U.S.C. § 101(51D).   | ee 11              | □ No.      | I am fi<br>Code.           | ling under Chapter 11, but I am   | NOT a small busine    | ess debtor according to the   | definition in the Bankruptcy |
|      |   |                    | ☐ Yes.     | I am f                     | ling under Chapter 11 and I am  | a small business de   | ebtor according to the defini | tion in the Bankruptcy Code. |
| Part | Report if You   | Own or             | Have Any   | Hazardo                    | us Property or Any Property 1   | That Needs Immed      | iate Attention                |                              |
| 14.  | Do you own or ha  |                    | ■ No.      |                            |   |                       |                               |                              |
|      | property that pose alleged to pose a  |                    | ☐ Yes.     |                            |   |                       |                               |                              |
|      | of imminent and identifiable hazard public health or sa   | afety?             |            | What is                    | he hazard?  |                       |                               |                              |
|      | Or do you own an<br>property that need<br>immediate attention   | ds                 |            |                            | iate attention is why is it needed?   |                       |                               |                              |
|      | For example, do yo  | ou own             |            |                            |   |                       |                               |                              |

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Norma Valdes Document Page 5 of 57 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | otor 1 Norma Valdes  |                      | Docume  | Ca   | ase number (if known)           |  |
|------|--|----------------------|---|--|---------------------------------|--|
| Part | Answer These Ques  | stions for R         | eporting Purposes   |  |                                 |  |
| 16.  | What kind of debts do you have?                                | 16a.                 |   | onsumer debts? Consumer deb<br>conal, family, or household purpo   |                                 | C. § 101(8) as "incurred by an   |
|      |  |                      | ☐ No. Go to line 16b.   |  |                                 |  |
|      |  |                      | Yes. Go to line 17.   |  |                                 |  |
|      |  | 16b.                 |   | usiness debts? Business debts estment or through the operation   |                                 |  |
|      |  |                      | ☐ No. Go to line 16c.   |  |                                 |  |
|      |  |                      | ☐ Yes. Go to line 17.   |  |                                 |  |
|      |  | 16c.                 | State the type of debts you o                                     | we that are not consumer debts   | or business debts               |  |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No.                | I am not filing under Chapter                                     | 7. Go to line 18.  |                                 |  |
|      | Do you estimate that after any exempt property is excluded and |                      |   | Do you estimate that after any exalphable to distribute to unsecured   |                                 | d and administrative expenses  |
|      | administrative expenses<br>are paid that funds will            | i                    | No  |  |                                 |  |
|      | be available for distribution to unsecure creditors?           | d                    | ☐ Yes   |  |                                 |  |
| 18.  |  | <b>1</b> -49         |   | □ 1,000-5,000  | <b>1</b> 25,00                  | 01-50,000  |
|      | you estimate that you owe?                                     | ☐ 50-99              |   | <b>5001-10,000</b>   |                                 | 01-100,000   |
|      | owe:   | □ 100-1<br>□ 200-9   |   | □ 10,001-25,000  | ☐ More                          | than100,000  |
| 19.  | How much do you estimate your assets to be worth?              | <b>\$</b> 100,       | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001 - \$10 millio<br>□ \$10,000,001 - \$50 mil<br>□ \$50,000,001 - \$100 mi<br>□ \$100,000,001 - \$500 n | llion ☐ \$1,00 illion ☐ \$10,0  | ,000,001 - \$1 billion<br>00,000,001 - \$10 billion<br>000,000,001 - \$50 billion<br>than \$50 billion   |
| 20.  | How much do you estimate your liabilities to be?               | <b>\$</b> 100,       | 50,000<br>001 - \$100,000<br>001 - \$500,000<br>001 - \$1 million | □ \$1,000,001 - \$10 millio<br>□ \$10,000,001 - \$50 mil<br>□ \$50,000,001 - \$100 mi<br>□ \$100,000,001 - \$500 n | llion ☐ \$1,0<br>illion ☐ \$10, | ,000,001 - \$1 billion<br>00,000,001 - \$10 billion<br>000,000,001 - \$50 billion<br>e than \$50 billion |
| Par  | t7: Sign Below   |                      |   |  |                                 |  |
| For  | you  | If I have            | chosen to file under Chapter 7                                    | clare under penalty of perjury that<br>, I am aware that I may proceed,  | if eligible, under Chapte       | er 7, 11,12, or 13 of title 11,  |
|      |  | If no atto           | rney represents me and I did r                                    | elief available under each chapte<br>not pay or agree to pay someone<br>e notice required by 11 U.S.C. §           | who is not an attorney to       | •  |
|      |  | I request            | relief in accordance with the c                                   | chapter of title 11, United States (   | Code, specified in this pe      | etition.   |
|      |  | bankrupt<br>and 3571 | cy case can result in fines up t                                  | concealing property, or obtaining to \$250,000, or imprisonment for  |                                 |  |
|      |  | Norma                |   | Signature  | e of Debtor 2                   |  |
|      |  | Executed             | August 26, 2016<br>MM / DD / YYYY                                 | Executed   | d on MM / DD / YYYY             |  |
|      |  |                      |   |  |                                 |  |

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Debtor 1 Norma Valdes Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Richard              | d S. Bass                | Date          | August 26, 2016       |
|--------------------------|--------------------------|---------------|-----------------------|
| Signature of             | Attorney for Debtor      |               | MM / DD / YYYY        |
| Richard S.               | Bass                     |               |                       |
| Printed name  Law Office | e of Richard S. Bass LTD |               |                       |
| Firm name                |                          |               |                       |
| 2021 Midw                | rest Road                |               |                       |
| Suite #200               |                          |               |                       |
| Oak Brook                | k, IL 60523              |               |                       |
| Number, Street,          | City, State & ZIP Code   |               |                       |
| Contact phone            | 630-953-8655             | Email address | rbass@corpoffices.com |
| 6189009                  |                          |               |                       |
| Dornumber 9 Co           | toto                     |               |                       |

| Debtor 1           | Norma Valdes             |                   |             |  |
|--------------------|--------------------------|-------------------|-------------|--|
|                    | First Name               | Middle Name       | Last Name   |  |
| Debtor 2           |                          |                   |             |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number        |                          |                   |             |  |
| if known)          |                          |                   |             |  |

Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets  |             |                          |
|-----|--|-------------|--------------------------|
|     |  |             | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 95,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 47,601.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 142,601.00               |
| Par | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | iabilities<br>It you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 101,685.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 36,797.00                |
|     | Your total liabilities   | \$          | 138,482.00               |
| Par | 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,784.34                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,745.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                   | ur other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal  | . family, or             |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.                              |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| 1 Tolli 1 alt 4 on Schedule Lif, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                      | Cas   | e 16-2758                           | 1 Doc 1 I                                   |   | 08/29/16<br>ument                  | Entered 08/29/1<br>Page 10 of 57  | 6 07:11:07   | Desc        | : Main                                |
|----------------------|---|-------------------------------------|---|---|------------------------------------|---|--|-------------|---------------------------------------|
| Fill                 | in this informa   | tion to identify                    | your case and th                            |   |                                    | 1 MM. 10 (11 3)   |  |             |                                       |
| Deb                  | otor 1  | Norma Vald                          |   | Name  |                                    | Last Name   |  |             |                                       |
|                      | otor 2<br>buse, if filing)                                      | First Name                          | Middle                                      | Name  |                                    | Last Name   |  |             |                                       |
| Uni                  | ted States Bank   | ruptcy Court for                    | the: NORTHER                                | N DIST  | RICT OF ILLIN                      | NOIS  |  |             |                                       |
| Cas                  | se number   |                                     |   |   |                                    | -   |  |             | Check if this is an amended filing    |
| _                    | ficial Forr   |                                     | _   |   |                                    |   |  |             | 12/15                                 |
| hink<br>nfor<br>Ansv | c it fits best. Be a<br>mation. If more s<br>wer every question | as complete and pace is needed, on. | accurate as possibl<br>attach a separate sh | e. If two<br>neet to ti   | married people<br>his form. On the | in asset fits in more than one<br>e are filing together, both are<br>e top of any additional pages<br>on or Have an Interest In | equally responsib  | le for supp | lying correct                         |
|                      |   | •                                   | <u> </u>                                    |   |                                    |   |  |             |                                       |
| . D                  | o you own or nav<br>-   | e any legal or ed                   | juitable interest in a                      | ny resia  | ence, building,                    | land, or similar property?  |  |             |                                       |
| 1.1                  | Yes. Where is the   | ne property?                        |   | What  | is the property                    | <b>?</b> Check all that apply   |  |             |                                       |
|                      | 334 Shorew  | ood Dr                              | d Dr Single-fa                              |   |                                    | nome  | Do not deduct secured claims or exemptions. Put  |             |                                       |
|                      | Unit #3-B Street address, if a                                  | vailable, or other des              | scription                                   | <b>–</b> ·  |                                    | ti-unit building or cooperative   | the amount of any secured claims on Sch<br>Creditors Who Have Claims Secured by F  |             |                                       |
|                      | Glendale He   | eights IL                           | 60139-0000                                  |   |                                    | or mobile home  | Current value o  | } r         | Current value of the portion you own? |
|                      | City  | State                               | ZIP Code                                    |   | Investment pro Timeshare Other     | in the property? Check one  | \$95,000.00 \$95,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |             |                                       |
|                      |   |                                     |   | WIIO  | Debtor 1 only                      | III the property? Check one   | Debtor Resi  |             |                                       |
|                      | DuPage  |                                     |   |   | Debtor 2 only                      |   |  |             |                                       |
|                      | County  |                                     |   |   | Debtor 1 and [                     | •   |  |             | ınity property                        |
|                      |   |                                     |   | ☐ At least one of the debtors and another ☐ (see in:  Other information you wish to add about this item, such as lo property identification number: |                                    |   |  | ns)         | •                                     |
|                      |   |                                     |   |   | tor Residen                        |   |  |             |                                       |
|                      |   |                                     |   |   |                                    |   |  |             |                                       |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$95,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debt          | or 1 N                               | lorma Vald                                     | es  | Document Page 11 of 57 <sub>Ca</sub>   | se number (if known)                  |  |
|---------------|--------------------------------------|--|---|--|---------------------------------------|--|
| 3. <b>C</b> a | ars, vans,                           | trucks, trac                                   | tors, sport utility ve                            | hicles, motorcycles  |                                       |  |
|               | No                                   |  |   |  |                                       |  |
|               | Yes                                  |  |   |  |                                       |  |
|               |                                      | Clei   |   |  | Do not deduct secured                 | I claims or exemptions. Put                                  |
| 3.1           | Make:                                | Suzuki   |   | Who has an interest in the property? Check one                               | the amount of any sec                 | ured claims on Schedule D:                                   |
|               | Model: XL7 Year: 2008                |  |   | Debtor 1 only  | Creditors Who Have C                  | Claims Secured by Property.                                  |
|               | Year:<br>Approxim                    | nate mileage:                                  | 88000   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                 | Current value of the entire property? | Current value of the portion you own?                        |
|               |                                      | formation:                                     |   | ☐ At least one of the debtors and another                                    | chino property.                       | portion you own.   |
|               | Location                             | on: 334 Sh                                     | orewood Dr  |  |                                       |  |
|               | Unit #3                              | 3-B, Glenda                                    | ale Heights                                       | ☐ Check if this is community property (see instructions)                     | \$6,500.00                            | \$6,500.00   |
| 5 A .p.       | ages you  3: Descri                  | have attach                                    | ned for Part 2. Write to                          | n for all of your entries from Part 2, including an that number hereems      |                                       | \$6,500.00  Current value of the                             |
|               |                                      | goods and                                      |   |  |                                       | portion you own? Do not deduct secured claims or exemptions. |
|               | <i>xamples:</i><br>l No<br>l Yes. De |  | nces, furniture, linens,                          | china, kitchenware   |                                       |  |
|               |                                      |  | Misc used hous                                    | ehold goods & furnishings  |                                       | \$1,500.00   |
| E             | •                                    | Televisions a<br>including cel                 | and radios; audio, vide<br>I phones, cameras, m   | eo, stereo, and digital equipment; computers, printer<br>edia players, games | s, scanners; music colle              | ctions; electronic devices                                   |
| E             | xamples:                             | other collecti                                 | d figurines; paintings,<br>ions, memorabilia, col | prints, or other artwork; books, pictures, or other art<br>lectibles         | objects; stamp, coin, or              | baseball card collections;                                   |
| E             | xamples:                             | for sports a<br>Sports, photo<br>musical instr | ographic, exercise, an                            | d other hobby equipment; bicycles, pool tables, golf                         | clubs, skis; canoes and               | kayaks; carpentry tools;                                     |
|               | Yes. De                              | scribe   |   |  |                                       |  |
|               |                                      |  | Misc used perso                                   | onal recreation items  |                                       | \$50.00  |
|               | irearms<br>Examples                  | : Pistols, rifle                               | s, shotguns, ammunit                              | ion, and related equipment   |                                       |  |

No

| Debtor 1                  | Case 16-27581  Norma Valdes   | Doc 1             | Filed 08/29/16<br>Document   | Entered 08/29/16 07:12<br>Page 12 of 57<br>Case number (i | 1:07 Desc Main  |
|---------------------------|---|-------------------|--|---|---|
| ☐ Yes.                    | Describe  |                   |  | <u> </u>  |   |
| □ No                      | s  bles: Everyday clothes, fu  Describe                                 | rs, leather coat  | s, designer wear, shoes,   | accessories   |   |
|                           | Misc  | used person       | al clothing  |   | \$400.00  |
|                           |   | acca percent      | ar oronning  |   |   |
| □ No                      |   | stume jewelry,    | engagement rings, wed  | ding rings, heirloom jewelry, watches,                    | gems, gold, silver  |
|                           | Misc  | assorted con      | nmon used persona  | I soctume jewelry, watch                                  | \$200.00  |
| Examp No Yes.  14. Any ot | arm animals bles: Dogs, cats, birds, ho Describe her personal and house |                   | ı did not already list, iı   | ncluding any health aids you did no                       | ot list   |
| □ No<br>■ Yes.            | Give specific information   | l                 |  |   |   |
|                           | Misc  | used person:      | al items, books & pi   | ctures  | \$200.00  |
|                           |   |                   |  |   | <del></del>   |
|                           | the dollar value of all of<br>art 3. Write that number                  | •                 |  | ny entries for pages you have attac                       | \$2,350.00  |
|                           | scribe Your Financial Asse  |                   |  |   |   |
| Do you ov                 | vn or have any legal or e   | equitable inter   | est in any of the follow   | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No                      | oles: Money you have in y   | •                 | •  | osit box, and on hand when you file yo                    | our petition  |
|                           |   |                   |  | Cash  | \$50.00   |
| Examp<br>□ No             |   |                   | I accounts; certificates o<br>ounts with the same ins<br>Institution n | ·   | okerage houses, and other similar   |
|                           | 17.1.   | Checking          | TCF Bank   | K   | \$3,000.00  |
|                           |   |                   |  |   |   |
| Exam                      | , mutual funds, or public<br>oles: Bond funds, investm                  |                   |  | ey market accounts  |   |
| ■ No<br>□ Yes             |   | Institution or is | suer name:   |   |   |

Official Form 106A/B Schedule A/B: Property page 3

Case 16-27581 Doc 1 Filed 08/29/16 Entered 08/29/16 07:11:07 Desc Main Page 13 of 57
Case number (if known) Document Debtor 1 Norma Valdes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **IRA Retirement Pension IRA Retirement Pension Plan Account** \$35,000.00 **Plan Account** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you

## ■ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

| Debtor 1   | Case 16-27581  Norma Valdes  | Doc 1 Filed 08/29/16<br>Document  | Entered 08/29/16 07:11:07<br>Page 14 of 57<br>Case number (if known) | Desc Main   |
|--|--|---|--|---|
| ☐ Yes.   | Give specific information  |   |  |   |
| Examp<br>■ No  |  |   | efits, sick pay, vacation pay, workers' compe                        | nsation, Social Security  |
| _Examp   | sts in insurance policies<br>ples: Health, disability, or life   | insurance; health savings account (   | HSA); credit, homeowner's, or renter's insurar                       | nce   |
| □ No<br>■ Yes.   |  | ny of each policy and list its value.<br>any name:                          | Beneficiary:   | Surrender or refund value:  |
|  | Term   | Life Insurance Policy   | Child of debtor  | \$1.00  |
| If you a some of the some of | are the beneficiary of a living one has died.  Give specific information  s against third parties, whet ples: Accidents, employment  Describe each claim | ther or not you have filed a lawsu<br>disputes, insurance claims, or rights | isurance policy, or are currently entitled to reco                   |   |
| ■ No   | Describe each claim  | ,,  | <b>.</b>   |   |
| ■ No   | nancial assets you did not a   | already list  |  |   |
|  | -  | ır entries from Part 4, including a   | ny entries for pages you have attached                               | \$38,051.00   |
| Part 5: De   | escribe Any Business-Related P   | roperty You Own or Have an Interest   | In. List any real estate in Part 1.                                  |   |
| □ No. Go   | own or have any legal or equita<br>o to Part 6.<br>Go to line 38.  | able interest in any business-related p                                     | roperty?   |   |
|  |  |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No   | nts receivable or commissi  Describe   | ons you already earned  |  |   |
|  | Photo Bo   | ooth  |  | \$700.00  |
|  |  |   |  |   |

39. **Office equipment, furnishings, and supplies** *Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

■ No

|                  | Case 16-27581                     | Doc 1            | Filed 08/29/16              | Entered 08/29/16 07:11:07              | Desc Main       |
|------------------|-----------------------------------|------------------|-----------------------------|--|-----------------|
| Debtor 1         | Norma Valdes                      |                  | Document                    | Page 15 of 57  Case number (if known)  |                 |
| ☐ Yes.           | Describe                          |                  |                             |  |                 |
|                  |                                   |                  |                             |  |                 |
|                  | nery, fixtures, equipment,        | supplies yoι     | ı use in business, and      | tools of your trade                    |                 |
| ■ No             | 5 "                               |                  |                             |  |                 |
| ⊔ Yes.           | Describe                          |                  |                             |  |                 |
| 41. Invent       | orv                               |                  |                             |  |                 |
| ■ No             | ,                                 |                  |                             |  |                 |
| ☐ Yes.           | Describe                          |                  |                             |  |                 |
|                  |                                   |                  |                             |  |                 |
|                  | sts in partnerships or joint      | ventures         |                             |  |                 |
| ■ No             | Give specific information a       | hout thom        |                             |  |                 |
| <b>□</b> 165.    |                                   | e of entity:     |                             | % of ownership:                        |                 |
|                  |                                   |                  |                             |  |                 |
|                  | mer lists, mailing lists, or o    | other compil     | ations                      |  |                 |
| No.              |                                   |                  |                             |  |                 |
| ∐ Do yo          | our lists include personally ide  | ntifiable inforr | mation (as defined in 11 U. | S.C. § 101(41A))?                      |                 |
|                  | ■ No                              |                  |                             |  |                 |
|                  | ☐ Yes. Describe                   |                  |                             |  |                 |
|                  |                                   |                  |                             |  |                 |
| 44. Any b        | usiness-related property y        | ou did not al    | ready list                  |  |                 |
| ■ No             |                                   |                  |                             |  |                 |
| ☐ Yes.           | Give specific information         |                  |                             |  |                 |
|                  |                                   |                  |                             |  |                 |
| 45. <b>Add</b>   | the dollar value of all of yo     | our entries fr   | om Part 5, including a      | ny entries for pages you have attached | <b>\$700.00</b> |
| for P            | art 5. Write that number he       | ere              |                             |  | \$700.00        |
| Part 6; De       | escribe Any Farm- and Comme       | ercial Fishing-l | Related Property You Ow     | n or Have an Interest In.              |                 |
|                  | you own or have an interest in fa |                  |                             |  |                 |
| 46. <b>Do yo</b> | u own or have any legal or        | equitable in     | terest in any farm- or o    | commercial fishing-related property?   |                 |
| ■ No             | . Go to Part 7.                   |                  |                             |  |                 |
| ☐ Yes            | s. Go to line 47.                 |                  |                             |  |                 |
|                  | _                                 |                  |                             |  |                 |
| Part 7:          | Describe All Property You         | Own or Have a    | n Interest in That You Dic  | Not List Above                         |                 |
|                  | u have other property of a        |                  |                             |  |                 |
| Exam<br>■ No     | ples: Season tickets, country     | y club membe     | ership                      |  |                 |
|                  | Give specific information         |                  |                             |  |                 |
|                  |                                   |                  |                             |  |                 |
| 54. <b>Add</b>   | the dollar value of all of yo     | our entries fr   | om Part 7. Write that n     | umber here                             | \$0.00          |
|                  |                                   |                  |                             |  |                 |

Official Form 106A/B Schedule A/B: Property page 6

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Case number (if known)

Document Debtor 1 **Norma Valdes** 

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$95,000.00  |
| 56.  | Part 2: Total vehicles, line 5                               | \$6,500.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,350.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$38,051.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$700.00    |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$47,601.00 | Copy personal property total | \$47,601.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$142,601.00 |

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this infor  | mation to identify your  | case:             |             |              |        |
|---------------------|--------------------------|-------------------|-------------|--------------|--------|
| Debtor 1            | Norma Valdes             |                   |             |              |        |
|                     | First Name               | Middle Name       | Last Name   |              |        |
| Debtor 2            |                          |                   |             |              |        |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |              |        |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |              |        |
| Case number         |                          |                   |             |              |        |
| (if known)          |                          |                   |             | ☐ Check if t | his is |
|                     |                          |                   |             | amended      | filing |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own                                 | Amo | unt of the exemption you claim                                  | Specific laws that allow exemption |  |
|--|---|-----|---|------------------------------------|--|
|  | Copy the value from Check only one box for each exemption. Schedule A/B |     |   |                                    |  |
| 334 Shorewood Dr Unit #3-B<br>Glendale Heights, IL 60139 DuPage                        | \$95,000.00   |     | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| County Debtor Residence Line from Schedule A/B: 1.1                                    |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2008 Suzuki XL7 88000 miles<br>Location: 334 Shorewood Dr Unit                         | \$6,500.00  |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| #3-B, Glendale Heights Line from Schedule A/B: 3.1                                     |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc used household goods & furnishings  | \$1,500.00  |     | \$1,500.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 6.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc used personal recreation items Line from Schedule A/B: 9.1                        | \$50.00   |     | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Zine nam estisada 702. em  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc used personal clothing Line from Schedule A/B: 11.1                               | \$400.00  |     | \$400.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Schedule AVD. 11.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Line from Schedule A/B: 11.1   |   |     | · •   |                                    |  |

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Case number (if known)

| Debitor i NOTITIA VAIUES  |                                      |         | Case Hulliber (II KHOWII)                                       |                                    |  |
|---|--------------------------------------|---------|---|------------------------------------|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property        | Current value of the portion you own |         | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|   | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |  |
| Misc assorted common used<br>personal soctume jewelry, watch                                  | \$200.00                             |         | \$200.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc used personal items, books & pictures  | \$200.00                             |         | \$200.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Schedule A/B: 14.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Cash Line from Schedule A/B: 16.1   | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |  |
| Elle Holli Genedale A.B. 16.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: TCF Bank Line from Schedule A/B: 17.1   | \$3,000.00                           |         | \$2,200.00  | 735 ILCS 5/12-1001(b)              |  |
| Line noin Schedule A.B. 1111  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| IRA Retirement Pension Plan Account: IRA Retirement Pension                                   | \$35,000.00                          |         | \$35,000.00   | 735 ILCS 5/12-1006                 |  |
| Plan Account Line from Schedule A/B: 21.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Term Life Insurance Policy<br>Beneficiary: Child of debtor                                    | \$1.00                               |         | \$1.00  | 215 ILCS 5/238                     |  |
| Line from Schedule A/B: 31.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Photo Booth Line from Schedule A/B: 38.1  | \$700.00                             |         | \$0.00  | 735 ILCS 5/12-1001(b)              |  |
| Enternolli dericadie 7/2. 33.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Are you claiming a homestead exemption     (Subject to adjustment on 4/01/19 and every     No | •                                    |         | led on or after the date of adjustmer                           | nt.)                               |  |
| Yes. Did you acquire the property cover   | red by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |
| □ No □ Yes  |                                      |         |   |                                    |  |

|                                      |                        | Document   | Page 19            | of 57                              |  |                     |
|--------------------------------------|------------------------|--|--------------------|------------------------------------|--|---------------------|
| Fill in this information             | on to identify you     | r case:  |                    |                                    |  |                     |
| Debtor 1                             | Norma Valdes           |  |                    |                                    |  |                     |
|                                      | First Name             | Middle Name  | Last Name          |                                    | -  |                     |
| Debtor 2                             |                        |  |                    |                                    |  |                     |
| _                                    | First Name             | Middle Name  | Last Name          |                                    | -  |                     |
|                                      |                        | NODTHERN BIOTRICT OF ILL   | LINIOIO            |                                    |  |                     |
| United States Bankru                 | iptcy Court for the:   | NORTHERN DISTRICT OF ILI   | LINOIS             |                                    | -  |                     |
| Case number                          |                        |  |                    |                                    |  |                     |
| (if known)                           |                        |  |                    |                                    | ☐ Check                                      | if this is an       |
|                                      |                        |  |                    |                                    | _  | led filing          |
|                                      |                        |  |                    |                                    |  |                     |
| Official Form 1                      | 06D                    |  |                    |                                    |  |                     |
|                                      |                        | Who House Claims   | Caarmad            | hy Dranaut                         |  | 4045                |
| Schedule D:                          | Creditors              | Who Have Claims  | Securea            | by Propert                         | <u>y                                    </u> | 12/15               |
| Be as complete and acc               | curate as possible. I  | f two married people are filing togeth   | ner, both are equa | ally responsible for su            | upplying correct informa                     | tion. If more space |
| is needed, copy the Add              |                        | out, number the entries, and attach it   |                    |                                    |  |                     |
| number (if known).                   |                        |  |                    |                                    |  |                     |
| 1. Do any creditors have             | e claims secured by    | your property?   |                    |                                    |  |                     |
| □ No. Check this                     | s box and submit th    | nis form to the court with your other  | r schedules. You   | u have nothing else t              | to report on this form.                      |                     |
| Yes. Fill in all                     | of the information b   | pelow.   |                    |                                    |  |                     |
|                                      |                        | olow.  |                    |                                    |  |                     |
| Part 1: List All Se                  | ecured Claims          |  |                    | Column A                           | Column B                                     | Column C            |
|                                      |                        | nore than one secured claim, list the cre  |                    |                                    |  |                     |
|                                      |                        | a particular claim, list the other creditor<br>cal order according to the creditor's nam |                    | Amount of claim  Do not deduct the | Value of collateral that supports this       | Unsecured portion   |
| much as possible, list th            | e ciaims in aiphabetic | an order according to the creditor 3 harr  | 16.                | value of collateral.               | claim  | If any              |
| 2.1 Bank of Ame                      | rica                   | Describe the property that secures   | the claim:         | \$8,000.00                         | \$6,500.00                                   | \$1,500.00          |
| Creditor's Name                      |                        | 2008 Suzuki XL7 88000 mile   | s                  |                                    |  |                     |
|                                      |                        | Location: 334 Shorewood D  | r Unit             |                                    |  |                     |
| PO Box 9822                          | 35                     | #3-B, Glendale Heights   |                    |                                    |  |                     |
| RE: Bankrup                          |                        | As of the date you file, the claim is:   | Check all that     |                                    |  |                     |
| El Paso, TX 7                        |                        | apply.  Contingent   |                    |                                    |  |                     |
| Number, Street, City                 | State & Zin Code       | ☐ Unliquidated   |                    |                                    |  |                     |
| rumbor, oucot, ony                   | , otate a zip oode     | ☐ Disputed   |                    |                                    |  |                     |
| Who owes the debt?                   | Check one              | Nature of lien. Check all that apply.  |                    |                                    |  |                     |
| _                                    |                        | ☐ An agreement you made (such as   | mortagae or secu   | red                                |  |                     |
| ■ Debtor 1 only                      |                        | car loan)  | mortgage or secu   | ileu                               |  |                     |
| Debtor 2 only                        | 0 1                    |  |                    |                                    |  |                     |
| Debtor 1 and Debtor                  |                        | ☐ Statutory lien (such as tax lien, me   | chanic's lien)     |                                    |  |                     |
| At least one of the de               |                        | Judgment lien from a lawsuit   | D M                |                                    |  |                     |
| ☐ Check if this claim community debt | relates to a           | Other (including a right to offset)  | Purchase M         | oney Security                      |  |                     |
| community debt                       |                        |  |                    |                                    |  |                     |
| Date debt was incurred               | d <b>2014</b>          | Last 4 digits of account num   | ıber               |                                    |  |                     |
|                                      |                        | •  |                    |                                    |  |                     |
| 2.2 Seterus, Inc.                    |                        | Describe the property that secures   | the claim:         | \$93,685.00                        | \$95,000.00                                  | \$0.00              |
| Creditor's Name                      |                        | 334 Shorewood Dr Unit #3-E   |                    | φ95,065.00                         | φ95,000.00                                   | φυ.υυ               |
|                                      |                        | Glendale Heights, IL 60139   |                    |                                    |  |                     |
|                                      |                        | County   | Dui age            |                                    |  |                     |
| Atta Danlan                          | D                      | Debtor Residence   |                    |                                    |  |                     |
| Attn: Bankru<br>PO BOX 104           |                        | As of the date you file, the claim is:   | Check all that     |                                    |  |                     |
| Hartford, CT                         |                        | apply.   |                    |                                    |  |                     |
|                                      |                        | Contingent   |                    |                                    |  |                     |
| Number, Street, City                 | , State & Zip Code     | Unliquidated   |                    |                                    |  |                     |
| Who owes the debt?                   | Charlena               | Disputed   |                    |                                    |  |                     |
| _                                    | опеск опе.             | Nature of lien. Check all that apply.  |                    |                                    |  |                     |
| Debtor 1 only                        |                        | ☐ An agreement you made (such as car loan)   | mortgage or secu   | red                                |  |                     |
| Debtor 2 only                        |                        | _  |                    |                                    |  |                     |
| Debtor 1 and Debtor                  | •                      | Statutory lien (such as tax lien, me   | chanic's lien)     |                                    |  |                     |
| At least one of the de               |                        | ☐ Judgment lien from a lawsuit   |                    |                                    |  |                     |
| ☐ Check if this claim                | relates to a           | Other (including a right to offset)  | Mortgage           |                                    |  |                     |
| community debt                       |                        |  |                    |                                    |  |                     |
| Date debt was incurred               | d <b>2015</b>          | Last 4 digits of account num   | nber 1592          |                                    |  |                     |

Official Form 106D

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| Debtor 1 Norma Valdes   | (   | Case number (if know) |                   |        |  |  |
|---|---|-----------------------|-------------------|--------|--|--|
| First Name Middle N   | ame Last Name   | -                     |                   |        |  |  |
|   |   |                       |                   |        |  |  |
| 2.3 Seterus, Inc.   | Describe the property that secures the claim:         | \$0.00                | \$95,000.00       | \$0.00 |  |  |
| Creditor's Name   | Notice to other location                              | Ψ0.00                 | <del>000.00</del> | Ψ0.00  |  |  |
|   | Notice to other location                              |                       |                   |        |  |  |
| 14523 SW Millikan Way<br>#200   |   |                       |                   |        |  |  |
| RE Bankruptcy Dept  | As of the date you file, the claim is: Check all that |                       |                   |        |  |  |
| Beaverton, OR 97005   | apply.<br>□ Contingent                                |                       |                   |        |  |  |
| Number, Street, City, State & Zip Code                                | <u> </u>  |                       |                   |        |  |  |
| Number, Street, Oity, State & Zip Code                                | ☐ Unliquidated  |                       |                   |        |  |  |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.     |                       |                   |        |  |  |
| _   | ☐ An agreement you made (such as mortgage or secu     | ura d                 |                   |        |  |  |
| Debtor 1 only   | car loan)   | irea                  |                   |        |  |  |
| Debtor 2 only   |   |                       |                   |        |  |  |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechanic's lien)    |                       |                   |        |  |  |
| At least one of the debtors and another                               | ☐ Judgment lien from a lawsuit                        |                       |                   |        |  |  |
| ☐ Check if this claim relates to a community debt                     | Other (including a right to offset)  Notice           |                       |                   |        |  |  |
| Date debt was incurred 2016   | Last 4 digits of account number 1592                  |                       |                   |        |  |  |
|   |   |                       |                   |        |  |  |
|   |   | ****                  | _                 |        |  |  |
| -   | column A on this page. Write that number here:        | \$101,685.0           | <u>ט</u>          |        |  |  |
| If this is the last page of your form, add<br>Write that number here: | the dollar value totals from all pages.               | \$101,685.0           | 0                 |        |  |  |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   | Document  | Page 2  | 21 of 57   |  |
|---|---|---|---|--|--|
| Fill in this  | information to identify your  | case:   |   |  |  |
| Debtor 1  | Norma Valdes  |   |   |  |  |
|   | First Name  | Middle Name   | Last Name                                     |  |  |
| Debtor 2<br>(Spouse if, fil                             | ing) First Name   | Middle Name   | Last Name                                     |  |  |
| United Sta  | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL   | LINOIS  |  |  |
| Office Off  | ates Barikruptey Court for the.   | NORTHER PROPERTY OF THE   | LIITOIO                                       |  |  |
| Case num<br>(if known)                                  | ber   |   |   |  | ☐ Check if this is an amended filing   |
|   | Form 106E/F<br>ule E/F: Creditors W   | /ho Have Unsecured  | Claims  |  | 12/15  |
| any executo<br>Schedule G<br>Schedule D<br>left. Attach | ory contracts or unexpired leases<br>: Executory Contracts and Unexp<br>: Creditors Who Have Claims Sec | that could result in a claim. Also loired Leases (Official Form 106G). If ured by Property. If more space is ge. If you have no information to re | ist executory<br>Do not includ<br>needed, cop | y contracts on Schedule A/B: P<br>le any creditors with partially s<br>y the Part you need, fill it out, ι | IPRIORITY claims. List the other party to<br>Property (Official Form 106A/B) and on<br>secured claims that are listed in<br>number the entries in the boxes on the<br>op of any additional pages, write your |
| 1. Do any   | r creditors have priority unsecure  | ed claims against you?  |   |  |  |
| ■ No.   | Go to Part 2.   |   |   |  |  |
| ☐ Yes   | ).  |   |   |  |  |
| Part 2:   | List All of Your NONPRIORIT   | Y Unsecured Claims  |   |  |  |
| 3. Do any   | creditors have nonpriority unsec  | cured claims against you?   |   |  |  |
|   | ·   | part. Submit this form to the court with  | your other so                                 | hedules.   |  |
| Yes   | <b>5.</b>   |   |   |  |  |
| unsecu  | red claim, list the creditor separatel  |   | d, identify wha                               | t type of claim it is. Do not list cla   | or has more than one nonpriority<br>aims already included in Part 1. If more<br>laims fill out the Continuation Page of  |
|   |   |   |   |  | Total claim  |
|   | dventist Glen Oaks Hospit   | Last 4 digits of acc  | ount number                                   | r  | \$1,000.00   |
|   | O BOX 4657  | When was the deb  | t incurred?                                   | 2015-16  |  |
| 0   | E Patient Accts ak Brook, IL 60522 umber Street City State Zlp Code                                     | As of the data you  | file the elein                                | n ia. Chaak all that apply   |  |
|   | ho incurred the debt? Check one.  | As of the date you  | me, me ciam                                   | n is: Check all that apply   |  |
|   | Debtor 1 only   | ☐ Contingent  |   |  |  |
|   | Debtor 2 only   | ☐ Unliquidated  |   |  |  |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |  |  |
|   | At least one of the debtors and an  |   | RITY unsecur                                  | ed claim:  |  |
|   | Check if this claim is for a com  |   |   |  |  |
|   | ebt<br>the claim subject to offset?   | Obligations arising report as priority cla  |   | paration agreement or divorce th   | at you did not   |
| _   | No  |   |   | ring plans, and other similar debt   | ds.  |
|   | l Yes   | Other. Specify  | · ·   |  |  |
|   |   | = Other. Openly   |   |  |  |

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Debtor 1 Norma Valdes Case number (if know) 4.2 \$1,000.00 **Adventist Hinsdale Hospital** Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9247 When was the debt incurred? 2015-16 **RE Patient Accts** Oak Brook, IL 60522-9247 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.3 **Amita Health Medical Group** A380 \$20.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Patient Accts When was the debt incurred? 2012-2016 Attn: 16934J PO BOX 14000 Belfast, ME 04915-4033 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Bills** Other. Specify 4.4 **Berks Credit & Collection** 0918 \$115.00 Last 4 digits of account number Nonpriority Creditor's Name 900 Corporate Dr When was the debt incurred? 2015 **RE Medical Collection** Reading, PA 19605 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection ☐ Yes

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Case number (if know)

Debtor 1 Norma Valdes 4.5 \$1,442.00 **Best Buy Credit Services** Last 4 digits of account number 4451 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2012-2016 PO BOX 790441 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Account ☐ Yes **Capital One** \$2,606.00 4.6 Last 4 digits of account number 3411 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2012-2016 PO BOX 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Account** Other. Specify 4.7 **Capital One** Last 4 digits of account number 7031 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2016 P.O. BOX 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Notice

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Case number (if know)

| DCDI | INDITIIA VAIUES  |  | Case Harriber (II know)                      |            |  |  |  |  |
|------|--|--|--|------------|--|--|--|--|
| 4.8  | CBNA.Best Buy  | Last 4 digits of account number                              | 3987   | \$1,481.00 |  |  |  |  |
|      | Nonpriority Creditor's Name PO Box 6497                              | When was the debt incurred?                                  | 2009-15                                      |            |  |  |  |  |
|      | RE Bankruptcy Dept<br>Sioux Falls, SD 57117                          |  |  |            |  |  |  |  |
|      | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |  |
|      | Who incurred the debt? Check one.                                    |  |  |            |  |  |  |  |
|      | Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |  |            |  |  |  |  |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |  |  |  |  |
|      | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |  |  |  |  |
|      | ☐ Check if this claim is for a community                             | Student loans  |  |            |  |  |  |  |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |
|      | No   |  | a plane, and other similar debts             |            |  |  |  |  |
|      |  |  |  |            |  |  |  |  |
|      | Yes  | Other. Specify Credit  |  |            |  |  |  |  |
| 4.9  | Chase  | Last 4 digits of account number                              | 9703   | \$3,403.00 |  |  |  |  |
|      | Nonpriority Creditor's Name  | _  |  | 40,100.00  |  |  |  |  |
|      | Attn: Bankruptcy Dept PO BOX 15298                                   | When was the debt incurred?                                  | 2012-2016                                    |            |  |  |  |  |
|      | Wilmington, DE 19850-5298  |  |  |            |  |  |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Cneck all that apply                      |            |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|      | □ Debtor 2 only □ Unliquidated                                       |  |  |            |  |  |  |  |
|      | Debtor 1 and Debtor 2 only   |  |  |            |  |  |  |  |
|      | ☐ At least one of the debtors and another                            |  |  |            |  |  |  |  |
|      | ☐ Check if this claim is for a community                             | d claim:   |  |            |  |  |  |  |
|      | debt   | Obligations arising out of a sepa                            | ration agreement or divorce that you did not |            |  |  |  |  |
|      | Is the claim subject to offset?                                      | report as priority claims                                    |  |            |  |  |  |  |
|      | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |  |  |  |
|      | Yes  | Other. Specify Credit Acc                                    | ount   |            |  |  |  |  |
| 4.1  | Chana  |  | 4225   | ¢2.420.00  |  |  |  |  |
| 0    | Chase Nonpriority Creditor's Name                                    | Last 4 digits of account number                              | 4223   | \$2,438.00 |  |  |  |  |
|      | Attn: Bankruptcy Dept PO BOX 15298                                   | When was the debt incurred?                                  | 2012-2016                                    |            |  |  |  |  |
|      | Wilmington, DE 19850-5298  | _  |  |            |  |  |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |            |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |  |
|      | Debtor 2 only  |  |  |            |  |  |  |  |
|      | Debtor 1 and Debtor 2 only   |  |  |            |  |  |  |  |
|      | ☐ At least one of the debtors and another                            |  |  |            |  |  |  |  |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |  |  |  |  |
|      | debt  Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims |  |            |  |  |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharir                          | g plans, and other similar debts             |            |  |  |  |  |
|      | □ Yes  | ■ Other Specify Credit Acc                                   |  |            |  |  |  |  |
|      | _ 100  | - Other, Specify   |  |            |  |  |  |  |

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Case number (if know)

Debtor 1 Norma Valdes 4.1 Comenity Bank/Carsons 7456 \$969.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept 2012-2016 When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Account 4.1 **Comenity-Carsons** \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name **RE Collection Dept** 2016 When was the debt incurred? PO Box 182789 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice 4.1 **Creditors Collection Bureau** 5057 \$303.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 63 When was the debt incurred? 2016 **RE Adventist Medical** Kankakee, IL 60901-0063 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection ☐ Yes

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Debtor 1 Norma Valdes 4.1 **Discover Card** 5446 \$10,687.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2012-2016 PO BOX 30943 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Account ☐ Yes 4.1 DSNB/Macy's \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 8218 2016 When was the debt incurred? RE Bankruptcy Dept Monroe, OH 45050 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice 4.1 **Kohls** 8372 \$478.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2012-2016 PO BOX 3043 Milwaukee, WI 53201-3043 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Account ☐ Yes

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☐ Yes

Other. Specify Collection

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Debtor 1 Norma Valdes Case number (if know) 4.2 **Merchant Credit Guide** 3057 \$413.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **RE Adventust Glen Oaks Hosp** When was the debt incurred? 2016 223 W. Jackson Blvd #700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection 4.2 **Merchant Credit Guide** 1088 \$475.00 Last 4 digits of account number Nonpriority Creditor's Name **RE Adventist Glen Oaks** 2016 When was the debt incurred? 223 W. Jackson Blvd #700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection ☐ Yes 4.2 **Merchant Credit Guide** 1027 \$581.00 Last 4 digits of account number Nonpriority Creditor's Name **RE Adventist Glen Oaks** When was the debt incurred? 2016 223 W. Jackson Blvd #700 Chicago, IL 60606 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes

Page 29 of 57 Case number (if know) Document Debtor 1 Norma Valdes 4.2 **Merchants Credit Guide** 0326 \$1,824.00 Last 4 digits of account number 3 Nonpriority Creditor's Name RE:Adventist Glenoaks&Hinsdale When was the debt incurred? 2012-2016 Hosp 223 W. Jackson Blvd #700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Collection on Medical Bills** Other, Specify 4.2 Sears Card 3142 \$832.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 6283 2012-2016 **RE Bankruptcy Dept** Sioux Falls, SD 57117-6283 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Account ☐ Yes 4.2 5493 **Sears Mastercard** \$3,829.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2012-2016 PO BOX 6282 Sioux Falls, SD 57117-6282 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Account

Debts to pension or profit-sharing plans, and other similar debts

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| Synchrony Bank. WallMart   Last 4 digits of account number   6452   \$0.0   | Debtor            | 1 Norma Va                           | aldes  |  | Case n      | number (if know)                      |                         |  |  |  |  |
|---|-------------------|--------------------------------------|--|--|-------------|---------------------------------------|-------------------------|--|--|--|--|
| Nonprotecty Creditors Name PO Box 956022 RE Bankruptcy Dept Orlando, FL 32896-5022 Number Street City State 4D Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Synchrony/Wall Mart Synchrony/Wall Mart Nonprotecty Certificate State 1 and Debtor 2 only Ves  Other. Specify Orlando, FL 32896-5061 Vires  Yes  Yes  Nontice  Yes  Yes  When was the debt incurred? Debts to persion or profit-sharing planes, and other similar debts  Other. Specify Debts 1 only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agent a strying to collection from your of a debt that you of the debts that you listed in Parts 1 or 2. For example, if a collection agent of the parts 1 or 2. For example, if a collection agent of the debts in Parts 1 or 2. On thill out or bank that you were intoxicated 0. S. 2. And the amounts for each of the other parts 1 or 2. For example, if a collection agent of the debts in Parts 1 or 2. On thill out or bank that you were intoxicated 0. S. 2. And the amounts for each of the other prior your cannot be selected in the parts 1 or 2. For example, if a collection agent of the debts in Parts 1 or 2. On thill out or example of the selection in the page.  Total Collegians for dearth your selection in page only 28 U.S.C. \$159. Add the amounts for each form Part 1 or 3. Can fill out or bank the page.  Total Collisions for death or personal injury while you were intoxicated 0. S. 0.000 Collegians for death or personal injury while you were intoxicated 0. S. 0.000 Collegians for death or personal injury while you were intoxicated 0. S. 0.000 Collegians for death or personal injury while you were intoxicated 0. S. 0.000 Collegians for death or personal injury while you were intoxicated 0. S. 0.000 Co |                   | Synchrony                            | Bank. WalMart  | Last 4 digits of account number  | 6452        |                                       | \$0.00                  |  |  |  |  |
| As of the date you file, the claim is: Chruck all that apply  Who incurred the debt7 Check one.  Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 file claim is for a community debt. Is the claim subject to offset?  No Door Specify Notice  Synchrony/Wall Mart Attr: Bankruptcy Dept PO BOX 955061 Orlando, FL 3289-5061 Number Street City State Zip Code Who incurred the debt7 Check one.  Debtor 1 only Debtor 3 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6   |                   | PO Box 965<br>RE Bankru              | 5022<br>ptcy Dept  | When was the debt incurred?  | 2010-       | -15                                   |                         |  |  |  |  |
| Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 9 only   Debtor  |                   |                                      |  | As of the date you file the claim  | is: Check   | call that annly                       |                         |  |  |  |  |
| Debtor 2 only   |                   |                                      |  | As of the date you me, the olding  | is. Officer | ταιι τιαταρριγ                        |                         |  |  |  |  |
| Debtor 2 only   |                   | Debtor 1 on                          | ly   | ☐ Contingent   |             |                                       |                         |  |  |  |  |
| Debtor 1 and Debtor 2 only  |                   | _                                    |  | · ·  |             |                                       |                         |  |  |  |  |
| At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?    Notice   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                   | _                                    |  |  |             |                                       |                         |  |  |  |  |
| Contingent   Con    |                   | ☐ At least one                       | of the debtors and another   | •  | d claim:    |                                       |                         |  |  |  |  |
| Synchrony/Wal Mart   Last 4 digits of account number   6452   \$1,974.0   |                   | ☐ Check if thi                       | is claim is for a community  | ☐ Student loans  |             |                                       |                         |  |  |  |  |
| No  |                   |                                      | ibject to offset?  |  | aration ag  | reement or divorce that you did not   |                         |  |  |  |  |
| Synchrony/Wal Mart Nonpriority Circettor's Name Attn: Bankruptcy Dept PO BOX 965061 Orlando, Ft 3 2398-5061 Number Street City State 2 ip Code Who incurred the debt? Check one.    Debtor 1 only   |                   |                                      | •  |  | ıg plans, a | and other similar debts               |                         |  |  |  |  |
| Synchriony/Wall Wart   Last 4 digits of account number   O492   \$1,974.0   |                   | _                                    |  | ·  |             |                                       |                         |  |  |  |  |
| Synchriony/Wall Wart   Last 4 digits of account number   O492   \$1,974.0   | 4.2               | 0                                    | 044 1 54   |  | 0.450       |                                       | A4 074 00               |  |  |  |  |
| Atth: Bankruptcy Dept PO BOX 965061 Orlando, FL 32896-5061 Number Street City State 2 pt Code Who incurred the debt? Check one.    Debtor 1 only  |                   |                                      |  | Last 4 digits of account number  | 6452        |                                       | \$1,974.00              |  |  |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only  |                   | Attn: Bank<br>PO BOX 96              | ruptcy Dept<br>65061   | When was the debt incurred?  | 2012        | -2016                                 |                         |  |  |  |  |
| Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   |                   |                                      |  | As of the date you file, the claim is: Check all that apply                          |             |                                       |                         |  |  |  |  |
| Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Dobe this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Credit Account  Part 3: List Others to Be Notified About a Debt That You Already Listed  Under this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agenc is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claims. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Fotal Claims  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6c. Total Priority. Add lines 6a through 6d. 6f. Student loans   |                   | Who incurred                         | the debt? Check one.   | •  |             | ,                                     |                         |  |  |  |  |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Account  Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agenc is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you not profit sharing to collect from you for a debt you were lost on the parts 1 or 2, then list the collection agency here. Similarly, if you not profit sharing to collect from you for a debt you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you not profit sharing to part 1 or 2, then list the collection agency here. Similarly, if you not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. Student loans  6f. Student loans  |                   | Debtor 1 on                          | ly   | ☐ Contingent   |             |                                       |                         |  |  |  |  |
| At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Student loans   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Specify   Credit Account      Part 3: List Others to Be Notified About a Debt That You Already Listed   Other. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have been credited in Parts 1 or 2, then list the collection agency here. Similarly, if     |                   | Debtor 2 on                          | ly   | ☐ Unliquidated   |             |                                       |                         |  |  |  |  |
| Check if this claim is for a community debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  No Debts to pension or profit-sharing plans, and other similar debts  Credit Account  Credit Account  Credit Account  List Others to Be Notified About a Debt That You Already Listed  S. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  Total Claim  6a. Domestic support obligations  6a. S 0.00  Total Claim  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. Claims for death or personal injury while you were intoxicated  6c. Total Priority. Add lines 6a through 6d.  6f. Student loans  |                   | Debtor 1 and                         | d Debtor 2 only  | ☐ Disputed   |             |                                       |                         |  |  |  |  |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims subject to offset?  |                   | ☐ At least one                       | of the debtors and another   |  | d claim:    |                                       |                         |  |  |  |  |
| Is the claim subject to offset?    Debts to pension or profit-sharing plans, and other similar debts  |                   |                                      | is claim is for a community  | ☐ Student loans  |             |                                       |                         |  |  |  |  |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6a. Domestic support obligations  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. Student loans  6f. Student loans   |                   |                                      | bject to offset?   |  | aration ag  | reement or divorce that you did not   |                         |  |  |  |  |
| List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Fotal Claim  6a. Domestic support obligations  6a. Domestic support obligations  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  Total Claim  6f. Student loans  6f. Student loans  6f. Student loans   |                   | No                                   |  | Debts to pension or profit-sharing   | ıg plans, a | and other similar debts               |                         |  |  |  |  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claims  5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$ 0.00  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6c. Claims for death or personal injury while you were intoxicated  6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  Total Claim  6f. Student loans  6f. \$ 0.00  |                   | ☐ Yes                                |  | Other. Specify Credit Acco   | ount        |                                       |                         |  |  |  |  |
| is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Part 4: Add the Amounts for Each Type of Unsecured Claim  5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claim  6a. Domestic support obligations  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  6d. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. Student loans  6f. Student loans  6f. Student loans  | Part 3:           | List Others                          | s to Be Notified About a Debt  | That You Already Listed  |             |                                       |                         |  |  |  |  |
| Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6a. Domestic support obligations  6a. \$  Total Claim  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. Student loans  6f. \$  Total Claim   | is tryi<br>have ı | ng to collect fro<br>more than one o | om you for a debt you owe to some creditor for any of the debts that y | eone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the addi | Parts 1     | or 2, then list the collection agency | here. Similarly, if you |  |  |  |  |
| type of unsecured claim.    Content of the claim of the c  | Part 4:           | Add the A                            | mounts for Each Type of Unse   | ecured Claim   |             |                                       |                         |  |  |  |  |
| Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6a. \$ 0.00  Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6d. \$ 0.00  Total Claim  6f. Student loans  6f. \$ 0.00  |                   |                                      |  | s. This information is for statistical r   | eporting    | purposes only. 28 U.S.C. §159. Add    | d the amounts for each  |  |  |  |  |
| Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans 6f. Student loans 6f. \$ 0.00   |                   |                                      | B d  |  |             |                                       |                         |  |  |  |  |
| from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Gd. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  0.00  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans 6f. Student loans 6f. \$  0.00  Total   |                   | Total                                | Domestic support obligations   |  | ьа.         | \$ 0.00                               | _                       |  |  |  |  |
| 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$ 0.00  Total   |                   |                                      | Taxes and certain other debts y  | ou owe the government  | 6b.         | \$ 0.00                               |                         |  |  |  |  |
| 6e. Total Priority. Add lines 6a through 6d.  6e. \$ 0.00  Total Claim  Total  Total  |                   |                                      |  |  |             |                                       | -                       |  |  |  |  |
| 6f. Student loans 6f. \$ 0.00   |                   | 6d.                                  | Other. Add all other priority unsec                                    | ured claims. Write that amount here.   | 6d.         | \$                                    |                         |  |  |  |  |
| 6f. Student loans 6f. \$ 0.00   |                   | 6e.                                  | Total Priority. Add lines 6a throug                                    | gh 6d.   | 6e.         | \$                                    | -                       |  |  |  |  |
|   |                   | Total                                | Student loans  |  | 6f.         |                                       |                         |  |  |  |  |

from Part 2

\$

6g. Obligations arising out of a separation agreement or divorce that

0.00

Page 31 of 57 Case number (if know) Debtor 1 Norma Valdes

| 6h. | you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                          | 6i. | \$<br>36,797.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>36,797.00 |

|   |                         | 17000000          |             |                     |
|---|-------------------------|-------------------|-------------|---------------------|
| Fill in this infor                      | mation to identify your | case:             |             |                     |
| Debtor 1                                | Norma Valdes            |                   |             |                     |
|   | First Name              | Middle Name       | Last Name   |                     |
| Debtor 2                                |                         |                   |             |                     |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |                     |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number                             |                         |                   |             |                     |
| (if known)                              |                         |                   |             | Check if this is an |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the cor, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | <u> </u>  |              | <u> </u>  |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
| 2.4 | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | =                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | ·,        |              | - Clato   |                   |   |

|  |   | Docume  | ent Page 33 d  | )T 5 /   |  |
|--|---|---|--|--|--|
| Fill in this i   | information to identify your            | case:   |  |  |  |
| Debtor 1   | Norma Valdes                            |   |  |  |  |
|  | First Name                              | Middle Name   | Last Name  |  |  |
| Debtor 2   | First Name                              | Middle News   | Last Name  |  |  |
| (Spouse if, filing   | g) First Name                           | Middle Name   | Last Name  |  |  |
| United State   | es Bankruptcy Court for the:            | NORTHERN DISTRICT   | OF ILLINOIS  |  |  |
| Case numb  | er                                      |   |  |  |  |
| (if known)   |   |   |  |  | ☐ Check if this is an  |
|  |   |   |  |  | amended filing   |
| Official   | Form 106H                               |   |  |  |  |
|  | ule H: Your Cod                         | obtoro  |  |  | 40/45  |
| Schea  | ule n. Your Cou                         | eptors  |  |  | 12/15  |
| ■ No □ Yes  2. With Arizona ■ No. (□ Yes.)  3. In Column line: | 2 again as a codebtor only i            | I lived in a community pr<br>Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | operty state or territor<br>erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebtor<br>tor or cosigner. Make | ry? (Community property ington, and Wisconsin.)  r if your spouse is filing sure you have listed the | states and territories include with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
|  | lumn 2.                                 |   |  | Column 2: The cred   | litor to whom you owe the debt   |
|  | ame, Number, Street, City, State and ZI | P Code  |  | Check all schedules  |  |
| 3.1  |   |   |  | ☐ Schedule D. line   |  |
|  | lame                                    |   |  | Schedule E/F. lin  |  |
|  |   |   |  | ☐ Schedule G, line   | ·  |
|  | lumber Street                           |   |  |  |  |
|  | City                                    | State   | ZIP Code   |  |  |
|  |   |   |  |  |  |
| 3.2  |   |   |  | ☐ Schedule D, line   |  |
|  | lame                                    |   |  | Schedule E/F, lin  |  |
|  |   |   |  | ☐ Schedule G, line   |  |
|  | lumber Street                           |   |  |  |  |
|  | lumber Street<br>City                   | State   | ZIP Code   |  |  |
|  |   |   |  |  |  |

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| Eill               | in this information to identify your c  | 366.                          |  |                       |                  |                               |                               |                                   |
|--------------------|---|-------------------------------|--|-----------------------|------------------|-------------------------------|-------------------------------|-----------------------------------|
|                    | otor 1 Norma Vald   |                               |  |                       |                  |                               |                               |                                   |
|                    | otor 2  puse, if filing)  |                               |  |                       | _                |                               |                               |                                   |
| Uni                | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC            | CT OF ILLINOIS                                   |                       | _                |                               |                               |                                   |
|                    | se number<br>nown)  |                               |  |                       |                  |                               | ed filing                     | ostpetition chapter<br>wing date: |
|                    | fficial Form 106I   |                               |  |                       |                  | MM / DD/ Y                    | YYY                           |                                   |
| S                  | chedule I: Your Inc   | ome                           |  |                       |                  |                               |                               | 12/15                             |
| sup<br>spo<br>atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your s<br>ith you, do not includ | pouse is<br>le inform | living wation ab | ith you, incl<br>out your spo | ude informat<br>ouse. If more | ion about your space is needed,   |
| 1.                 | Fill in your employment information.  |                               | Debtor 1   |                       |                  | Debtor 2                      | 2 or non-filing               | g spouse                          |
|                    | If you have more than one job,  | Employment status             | ■ Employed                                       |                       |                  | ☐ Empl                        | oyed                          |                                   |
|                    | attach a separate page with information about additional  | Linployment status            | ☐ Not employed                                   |                       |                  | ☐ Not e                       | mployed                       |                                   |
|                    | employers.  | Occupation                    | National Sales C                                 | onsulta               | nt               |                               |                               |                                   |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name               | FP Mailing Solut                                 | ions                  |                  |                               |                               |                                   |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address            | 140 N. Mitchell C<br>Addison, IL 6010            |                       |                  |                               |                               |                                   |
|                    |   | How long employed to          | here? <u>years</u>                               |                       |                  |                               |                               |                                   |
| Par                | t 2: Give Details About Mo  | nthly Income                  |  |                       |                  |                               |                               |                                   |
|                    | mate monthly income as of the duse unless you are separated.  | ate you file this form. If    | you have nothing to re                           | port for a            | ny line, w       | rite \$0 in the               | space. Includ                 | le your non-filing                |
|                    | u or your non-filing spouse have me<br>e space, attach a separate sheet to  |                               | ombine the information                           | for all en            | nployers         | for that perso                | on on the lines               | below. If you need                |
|                    |   |                               |  |                       | For              | Debtor 1                      | For Debto non-filing          |                                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |                               |  | 2.                    | \$               | 2,881.67                      | \$                            | N/A                               |
| 3.                 | Estimate and list monthly over  | ime pay.                      |  | 3.                    | +\$              | 0.00                          | +\$                           | N/A                               |

2,881.67

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1                 | Norma Valdes   | -          |          | Case       | number (if kr | nown)        | _               |          |                    |          |          |            |
|-----|-----------------------|--|------------|----------|------------|---------------|--------------|-----------------|----------|--------------------|----------|----------|------------|
|     |                       |  |            |          | For        | Debtor 1      |              |                 |          | Debtor<br>filing s |          | <u>.</u> |            |
|     | Cop                   | y line 4 here  | 4.         |          | \$         | 2,881         | .67          |                 | \$       | illing 5           | N/       |          |            |
| 5.  | List                  | all payroll deductions:  |            |          |            |               |              |                 |          |                    |          |          |            |
| ٥.  | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a         | a.       | \$         | 515           | 5.67         |                 | \$       |                    | N/       | Δ        |            |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5b         |          | \$         |               | 1.83         | _               | \$       |                    | N/       |          |            |
|     | 5c.                   | Voluntary contributions for retirement plans   | 50         |          | \$         |               | 0.00         | _               | \$       |                    | N/       |          |            |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d         | d.       | \$_        |               | 0.00         | _               | \$       |                    | N/       | _        |            |
|     | 5e.                   | Insurance  | 5e         | €.       | \$         |               | 3.83         | _               | \$       |                    | N/       |          |            |
|     | 5f.                   | Domestic support obligations   | 5f.        |          | \$         | (             | 0.00         | _               | \$       |                    | N/       | Α        |            |
|     | 5g.                   | Union dues   | <b>5</b> g | J.       | \$_        | (             | 0.00         | _               | \$       |                    | N/       | Α        |            |
|     | 5h.                   | Other deductions. Specify:   | 5h         |          | \$         | (             | 0.00         | +               | \$       |                    | N/       | Α        |            |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         |          | \$         | 797           | 7.33         | _               | \$       |                    | N/       | Α        |            |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         |          | \$         | 2,084         | 1.34         | _               | \$       |                    | N/       | A        |            |
| 8.  | 8b.<br>8c.            | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8a<br>8b   |          | \$_<br>\$_ |               | ).00<br>).00 |                 | \$<br>\$ |                    | N/<br>N/ |          |            |
|     |                       | Include alimony, spousal support, child support, maintenance, divorce  | 0-         |          | Φ.         |               |              |                 | Φ.       |                    |          |          |            |
|     | 04                    | settlement, and property settlement.  Unemployment compensation  | 8d<br>8d   |          | \$<br>\$   |               | 0.00         | _               | \$<br>\$ |                    | N/       |          |            |
|     | 8d.<br>8e.            | Social Security  | 8e         |          | \$<br>_    |               | 0.00<br>0.00 | _               | \$<br>   |                    | N/       |          |            |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:   | e<br>8f.   |          | \$_        | (             | 0.00         | _               | \$       |                    | N/       | A        |            |
|     | 8g.                   | Pension or retirement income   | 89         |          | \$_        |               | 0.00         | _               | \$       |                    | N/       |          |            |
|     | 8h.                   | Other monthly income. Specify: Commissions   | _ 8n       | ۱.+<br>_ | \$_        | 700           | 0.00         | - <b>+</b><br>- | <u> </u> |                    | N/       | <u>A</u> |            |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         |          | \$         | 700           | 0.00         |                 | \$       |                    | N        | /A       |            |
| 10  | Calc                  | culate monthly income. Add line 7 + line 9.  | 10.        | \$       |            | 2,784.34      | <b>+</b> 9   | :               |          | N/A                | = \$     | 2        | .784.34    |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |          |            | 2,704.04      |              |                 |          | 1474               |          |          | .,,,,,,,,, |
| 11. | Inclu<br>othe<br>Do r | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:  | depe       |          |            | ,             |              | ,               |          | chedule<br>11.     |          |          | 0.00       |
| 12. |                       | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |            |          |            |               |              |                 |          | 12.                | \$       | 2        | ,784.34    |
| 12  | Do:                   | volu expect an increase or decrease within the year often you file this form   | 2          |          |            |               |              |                 |          | l                  | Comi     |          | d<br>ncome |
| 13. |                       | /ou expect an increase or decrease within the year after you file this form  No.  Yes Explain:   | •          |          |            |               |              |                 |          |                    |          |          |            |

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| FIII        | in this information to identify your case:   |                           | Ī             |                   |                               |
|-------------|--|---------------------------|---------------|-------------------|-------------------------------|
|             | <del>-</del>   |                           | Choo          | k if this is:     |                               |
| Debi        | Norma Valdes   |                           |               | An amended filing |                               |
|             | otor 2   |                           |               |                   | ving postpetition chapter     |
| (Spc        | ouse, if filing)   |                           |               | 13 expenses as of | the following date:           |
| Unite       | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF IL   | LINOIS                    | 1             | MM / DD / YYYY    |                               |
| Case        | e number   |                           |               |                   |                               |
| (If kr      | nown)  |                           |               |                   |                               |
| Of          | fficial Form 106J  |                           | -             |                   |                               |
|             | chedule J: Your Expenses   |                           |               |                   | 12/1                          |
| Be a info   | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the hole (if known). Answer every question. |                           |               |                   | or supplying correct          |
| Part        | t 1: Describe Your Household Is this a joint case?   |                           |               |                   |                               |
| ١.          | No. Go to line 2.  |                           |               |                   |                               |
|             | ☐ Yes. Does Debtor 2 live in a separate household?   |                           |               |                   |                               |
|             | □ No   |                           |               |                   |                               |
|             | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expen  | nses for Separate House   | ehold of Debt | or 2.             |                               |
| 2.          |  | ,                         |               |                   |                               |
| ۷.          | ,  |                           |               |                   |                               |
|             | Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent   | -                         |               | Dependent's age   | Does dependent live with you? |
|             | Do not state the   |                           |               |                   | □ No                          |
|             | dependents names.  | Daughter                  |               | 23yr              | ■ Yes                         |
|             |  |                           |               |                   | □ No                          |
|             |  |                           |               |                   | ☐ Yes                         |
|             |  |                           |               |                   | □ No                          |
|             |  |                           |               |                   | ☐ Yes                         |
|             |  |                           |               |                   | □ No                          |
| 3.          | Do your expenses include   |                           |               |                   | ☐ Yes                         |
| ٥.          | expenses of people other than  |                           |               |                   |                               |
|             | yourself and your dependents?  |                           |               |                   |                               |
| Part        | t 2: Estimate Your Ongoing Monthly Expenses  |                           |               |                   |                               |
| Esti<br>exp | imate your expenses as of your bankruptcy filing date unlessenses as of a date after the bankruptcy is filed. If this is a solicable date.                         |                           |               |                   |                               |
| the         | lude expenses paid for with non-cash government assistand value of such assistance and have included it on <i>Schedule</i> ficial Form 106l.)                      |                           |               | Your expe         | enses                         |
| ,5          | ······································   |                           |               |                   |                               |
| 4.          | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.  | ce. Include first mortgag | e<br>4. \$    |                   | 820.00                        |
|             | If not included in line 4:   |                           |               |                   |                               |
|             | 4a. Real estate taxes  |                           | 4a. \$        |                   | 0.00                          |
|             | 4b. Property, homeowner's, or renter's insurance   |                           | 4b. \$        |                   | 0.00                          |
|             | 4c. Home maintenance, repair, and upkeep expenses  |                           | 4c. \$        |                   | 50.00                         |
|             | 4d. Homeowner's association or condominium dues  |                           | 4d. \$        |                   | 250.00                        |
| 5.          | Additional mortgage payments for your residence, such as   | s home equity loans       | 5. \$         |                   | 0.00                          |

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| Debtor        | 1 Norma V       | /aldes  | Case num     | ber (if known)                          |                       |
|---------------|-----------------|---|--------------|---|-----------------------|
| 6. <b>Ut</b>  | ilities:        |   |              |   |                       |
| 6. <b>6</b> 1 |                 | , heat, natural gas   | 6a.          | \$                                      | 125.00                |
| 6b            | -               | wer, garbage collection   | 6b.          | \$                                      | 0.00                  |
| 6c            |                 | e, cell phone, Internet, satellite, and cable services                            | 6c.          | ·                                       | 160.00                |
| 6d            | •               |   | 6d.          | ·                                       | 0.00                  |
|               |                 | ekeeping supplies   | 7.           | ·                                       | 600.00                |
|               |                 | children's education costs  | 8.           | \$                                      | 0.00                  |
| _             |                 |   | 9.           | \$                                      |                       |
|               | -               | lry, and dry cleaning<br>products and services                                    | 9.<br>10.    | · -                                     | 80.00                 |
|               | •               |   |              | ·                                       | 50.00                 |
|               |                 | Intal expenses Include gas, maintenance, bus or train fare.                       | 11.          | \$                                      | 30.00                 |
|               | not include c   |   | 12.          | \$                                      | 140.00                |
|               |                 | clubs, recreation, newspapers, magazines, and books                               | 13.          | ·                                       | 65.00                 |
|               |                 | tributions and religious donations  | 14.          |   | 0.00                  |
|               | surance.        | in buttons and rengious deflations  | 17.          | Ψ                                       | 0.00                  |
|               |                 | nsurance deducted from your pay or included in lines 4 or 20.                     |              |   |                       |
|               | ia. Life insura |   | 15a.         | \$                                      | 0.00                  |
|               | b. Health ins   |   | 15b.         | ·                                       | 0.00                  |
|               | ic. Vehicle in  |   | 15c.         | ·                                       | 100.00                |
|               |                 | urance. Specify:  | 15d.         | ·                                       | 0.00                  |
|               |                 | nclude taxes deducted from your pay or included in lines 4 or 20.                 |              |   | 0.00                  |
| _             | ecify:          | iordae taxes deducted from your pay or infoldaed in lines 4 of 25.                | 16.          | \$                                      | 0.00                  |
| 7. In         | stallment or l  | ease payments:  |              |   |                       |
| 17            | a. Car paym     | ents for Vehicle 1  | 17a.         | \$                                      | 235.00                |
| 17            | b. Car paym     | ents for Vehicle 2  | 17b.         | \$                                      | 0.00                  |
| 17            | c. Other. Sp    | ecify: Auto repair & upkeep   | 17c.         | \$                                      | 40.00                 |
|               | d. Other. Spe   |   | 17d.         | \$                                      | 0.00                  |
|               |                 | of alimony, maintenance, and support that you did not report as                   |              | •                                       | 0.00                  |
|               |                 | your pay on line 5, Schedule I, Your Income (Official Form 106l).                 | 18.          | ·                                       | 0.00                  |
|               |                 | s you make to support others who do not live with you.                            |              | \$                                      | 0.00                  |
|               | ecify:          |   | 19.          |   |                       |
|               |                 | erty expenses not included in lines 4 or 5 of this form or on Scho                |              |   | 0.00                  |
|               |                 | s on other property   | 20a.         |   | 0.00                  |
|               | b. Real estat   |   | 20b.         | ·                                       | 0.00                  |
|               |                 | homeowner's, or renter's insurance  | 20c.         | ·                                       | 0.00                  |
|               |                 | nce, repair, and upkeep expenses  | 20d.         |   | 0.00                  |
| _             |                 | ner's association or condominium dues   | 20e.         | \$                                      | 0.00                  |
| l. <b>O</b> t | her: Specify:   |   | 21.          | _+\$                                    | 0.00                  |
| 2. <b>C</b> a | alculate vour   | monthly expenses  |              |   |                       |
|               | a. Add lines 4  | ·   |              | \$                                      | 2.745.00              |
|               |                 | (22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2            |              | \$                                      | 2,170.00              |
|               |                 |   |              | ·                                       | 2.745.00              |
| 22            | o. Add IIIIe 22 | a and 22b. The result is your monthly expenses.                                   |              | \$                                      | 2,745.00              |
| 3. <b>C</b> a | lculate your    | monthly net income.   |              |   |                       |
| 23            | a. Copy line    | 12 (your combined monthly income) from Schedule I.                                | 23a.         | \$                                      | 2,784.34              |
| 23            | b. Copy your    | r monthly expenses from line 22c above.   | 23b.         | -\$                                     | 2,745.00              |
|               |                 |   |              |   | ·                     |
| 23            |                 | your monthly expenses from your monthly income.                                   | 220          | \$                                      | 39.34                 |
|               | The result      | t is your monthly net income.   | 23c.         | Ψ                                       | 33.34                 |
| )4 Dc         | ) VOII expect   | an increase or decrease in your expenses within the year after yo                 | ou file this | form?                                   |                       |
|               |                 | ou expect to finish paying for your car loan within the year or do you expect you |              |   | or decrease because o |
|               |                 | terms of your mortgage?   | - 3-3-1      | , , : : : : : : : : : : : : : : : : : : |                       |
|               | No.             |   |              |   |                       |
|               | Yes.            | Explain here:   |              |   |                       |
|               | res.            | Explain nere.   |              |   |                       |

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| Fill in this infor  | mation to identify yo                           | our case:                    |                           |                            |   |
|---|---|------------------------------|---------------------------|----------------------------|---|
| Debtor 1  | Norma Valdes                                    |                              |                           |                            |   |
| Dahtara   | First Name                                      | Middle Name                  | Last Name                 |                            |   |
| Debtor 2<br>(Spouse if, filing)                           | First Name                                      | Middle Name                  | Last Name                 |                            |   |
| United States Ba  | inkruptcy Court for the                         | e: NORTHERN DISTRICT         | OF ILLINOIS               |                            |   |
| Case number _<br>(if known)                               |   |                              |                           |                            | ☐ Check if this is an amended filing                                  |
| Official Forr   |   | an Individual                | Debtor's So               | chedules                   | 12/15   |
| You must file thi<br>obtaining money<br>years, or both. 1 | s form whenever yo                              | d in connection with a banl  | s or amended schedule     | s. Making a false stateme  | ent, concealing property, or<br>or imprisonment for up to 20          |
| Did you pa  | y or agree to pay so                            | meone who is NOT an attor    | rney to help you fill out | bankruptcy forms?          |   |
| ■ No  |   |                              |                           |                            |   |
| ☐ Yes. N  | Name of person                                  |                              |                           |                            | otcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|   | Ity of perjury, I declar<br>e true and correct. | are that I have read the sum | mary and schedules file   | ed with this declaration a | and   |
| X /s/ Nor   | ma Valdes                                       |                              | Х                         |                            |   |

Norma Valdes

Signature of Debtor 1

Date August 26, 2016

Signature of Debtor 2

Date

|                    | in this inforn                                | nation to identify you                                 | r case:  |   |   |   |
|--------------------|---|--|--|---|---|---|
| Del                | otor 1  | Norma Valdes First Name                                | Middle Name  | Last Name   |   |   |
| Del                | otor 2  | riotrano   | Middle Name  | Edot Name   |   |   |
| (Spc               | ouse if, filing)                              | First Name   | Middle Name  | Last Name   |   |   |
| Uni                | ted States Ba                                 | nkruptcy Court for the:                                | NORTHERN DISTRICT O  | OF ILLINOIS   |   |   |
|                    | se number                                     |  |  |   | -   | heck if this is an<br>mended filing                   |
| Sta<br>Be a        | as complete a                                 | of Financial and accurate as possiore space is needed, | attach a separate sheet to   | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>y additional pages, write you |   |
|                    |   | n). Answer every ques<br>Details About Your Ma         | stion.<br>rital Status and Where You   | Lived Before  |   |   |
| 1.                 | What is you                                   | current marital statu                                  | ıs?  |   |   |   |
|                    | <ul><li>☐ Married</li><li>■ Not mar</li></ul> | ried   |  |   |   |   |
| 2.                 | During the la                                 | ast 3 years, have you                                  | lived anywhere other than  | where you live now?                                   |   |   |
|                    | ■ No □ Yes. Lis                               | t all of the places you l                              | ived in the last 3 years. Do no  | ot include where you live now                         | <i>i</i> .  |   |
|                    | Debtor 1 Pr                                   | ior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |   |  |  |   | ity property state or territory<br>ico, Texas, Washington and W           |   |
|                    | ■ No<br>□ Yes. Ma                             | ike sure you fill out <i>Sch</i>                       | nedule H: Your Codebtors (Ot   | fficial Form 106H).                                   |   |   |
| Pai                | t 2 Explai                                    | n the Sources of You                                   | r Income   |   |   |   |
| 4.                 | Fill in the total                             | al amount of income yo                                 | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |   | ndar years?   |
|                    | □ No ■ Yes. Fill                              | in the details.  |  |   |   |   |
|                    |   |  | Debtor 1   |   | Debtor 2  |   |
|                    |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                                | Gross income<br>(before deductions<br>and exclusions) |
|                    |   | of current year until<br>d for bankruptcy:             | ■ Wages, commissions, bonuses, tips  | \$22,490.00   | ☐ Wages, commissions, bonuses, tips                                       |   |
|                    |   |  | ☐ Operating a business   |   | ☐ Operating a business  |   |

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|            |  |   |   | Debtor 1  |  |   | Debtor 2  |   |   |
|------------|--|---|---|---|--|---|---|---|---|
|            |  |   |   | Sources of income<br>Check all that apply.  | (bef   | ore deductions and lusions)   | Sources of<br>Check all th  |   | Gross income<br>(before deductions<br>and exclusions) |
|            | last calen<br>nuary 1 to                         | dar year:<br>December 3                         | 31, 2015 )  | ■ Wages, commissions, bonuses, tips   |  | \$37,316.00   | ☐ Wages, obonuses, tip  | commissions,<br>s                                 |   |
|            |  |   |   | ☐ Operating a business  |  |   | ☐ Operatin  | g a business                                      |   |
| For<br>(Ja | the calen  | dar year bef<br>December 3                      | ore that:<br>31, 2014 )   | ■ Wages, commissions, bonuses, tips   |  | \$34,014.00   | ☐ Wages, bonuses, tip   | commissions,                                      |   |
|            |  |   |   | ☐ Operating a business  |  |   | ☐ Operatin  | g a business                                      |   |
| 5.         | Include include and other winnings.  List each s | come regard<br>public benefi<br>If you are fili | less of wheth<br>it payments;<br>Ing a joint cas<br>ne gross inco   | e during this year or the two<br>er that income is taxable. Ex<br>pensions; rental income; inte<br>e and you have income that<br>me from each source separa                                   | amples<br>rest; div<br>you rec   | of other income are a<br>vidends; money collectived together, list it   | alimony; child s<br>cted from lawsu<br>only once unde   | its; royalties; ar<br>r Debtor 1.                 | Security, unemployment, and gambling and lottery      |
|            |  |   |   | Debtor 1  |  |   | Debtor 2  |   |   |
|            |  |   |   | Sources of income<br>Describe below.  | eac<br>(bef  | ss income from<br>h source<br>fore deductions and<br>lusions)   | Sources of<br>Describe be   |   | Gross income<br>(before deductions<br>and exclusions) |
| Par        | rt 3: List                                       | Certain Pay                                     | ments You   | Made Before You Filed for   | Bankrı   | ıptcy   |   |   |   |
| 6.         | □ No.  | Neither De individual puring the No. Yes        | btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7 List below e include pay | ach creditor to whom you pa<br>editor. Do not include paymen<br>payments to an attorney for t<br>on 4/01/19 and every 3 year<br>r both have primarily const<br>re you filed for bankruptcy, d | umer de la d | ebts. Consumer debose."  pay any creditor a total of \$6,425* or more domestic support oblighruptcy case. that for cases filed or ebts.  pay any creditor a total of \$600 or more an | al of \$6,425* or in one or more gations, such a or after the data of \$600 or model of the total amo | more?  payments and to see the of adjustment ore? | the total amount you and alimony. Also, do t.         |
|            | Cradita  | s Name and                                      | •   | . ,   | nnt.   | Total cmaunt  | America   | Was this  | noumant for   |
|            | Creditor   | s wame and                                      | Audress   | Dates of payme  | HII  | Total amount paid   | Amount yo<br>still ow   |   | payment for   |

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| Del | otor 1              | Norma Valdes  | Document  | Page 41 of 57                                  | e number (if known)                    |                                |  |
|-----|---------------------|---|---|--|--|--------------------------------|--|
| Dei | 0101 1              | Norma values  |   |  | e Humber (II known)                    |                                |  |
| 7.  | <i>Inside</i> of wh | in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 my.   | artners; relatives of any ge control, or owner of 20% | neral partners; partne or more of their voting | rships of which you securities; and an | u are a genera<br>y managing a | al partner; corporations gent, including one for |
|     |                     | No<br>Yes. List all payments to an insider.   |   |  |  |                                |  |
|     | Insid               | der's Name and Address  | Dates of payment                                      | Total amount paid                              | Amount you still owe                   | Reason for                     | this payment                                     |
| 8.  | insid               | in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos  |   | yments or transfer a                           | ny property on ac                      | count of a de                  | ebt that benefited an                            |
|     |                     | No<br>Yes. List all payments to an insider  |   |  |  |                                |  |
|     |                     | der's Name and Address  | Dates of payment                                      | Total amount paid                              | Amount you still owe                   | Reason for Include cred        | this payment itor's name                         |
| Par | rt 4-               | Identify Legal Actions, Repossession  | ns and Foreclosures                                   | •  |  |                                |  |
| 10. | modif               | Il such matters, including personal injury fications, and contract disputes.  No Yes. Fill in the details.  e title e number  in 1 year before you filed for bankrupt k all that apply and fill in the details below No. Go to line 11. | Nature of the case<br>cy, was any of your prop        | Court or agency                                |  | Status of th                   | e case   |
|     |                     | Yes. Fill in the information below.   | Describe the Property                                 |  | Date                                   |                                | Value of the                                     |
|     | 0,00                | and Name and Address  | Explain what happene                                  |  | Duite                                  |                                | property   |
| 11. |                     |   |   |  |  | mounts from your               |  |
|     | Cred                | ditor Name and Address  | Describe the action th                                | e creditor took                                | Date a taken                           | ection was                     | Amount   |
| 12. | court               | in 1 year before you filed for bankrupt<br>t-appointed receiver, a custodian, or a<br>No<br>Yes   |   | perty in the possessi                          | on of an assignee                      | e for the bene                 | efit of creditors, a                             |
| Par | rt 5:               | List Certain Gifts and Contributions  |   |  |  |                                |  |
| 13. | _                   | in 2 years before you filed for bankrup   | tcy, did you give any gif                             | ts with a total value                          | of more than \$600                     | ) per person                   | ?  |
|     |                     | No  |   |  |  |                                |  |

per person

Address:

Describe the gifts

Value

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave the gifts

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| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or   |                   |  | with a total | value of more than                | \$600 to any charity?     |  |
|-----|---|-------------------|--|--------------|-----------------------------------|---------------------------|--|
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod  | total             | Describe what you contributed  |              | Dates you contributed             | Value                     |  |
| Pai | rt 6: List Certain Losses   |                   |  |              |                                   |                           |  |
| 15. | Within 1 year before you filed for bankru or gambling?  | uptcy o           | r since you filed for bankruptcy, did yo   | u lose anytł | ning because of thef              | t, fire, other disaster   |  |
|     | No  |                   |  |              |                                   |                           |  |
|     | Yes. Fill in the details.   | _                 |  |              |                                   |                           |  |
|     | Describe the property you lost and how the loss occurred  | Includ            | ribe any insurance coverage for the los<br>de the amount that insurance has paid. Lis<br>ance claims on line 33 of Schedule A/B: P | st pending   | Date of your<br>loss              | Value of property<br>lost |  |
| Pai | rt 7: List Certain Payments or Transfer   | s                 |  |              |                                   |                           |  |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  | prepar            | ing a bankruptcy petition?   |              |                                   | rty to anyone you         |  |
|     | Yes. Fill in the details.   |                   |  |              |                                   |                           |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   |                   | Description and value of any property transferred  |              | Date payment or transfer was made | Amount of payment         |  |
|     | Law Office of Richard S. Bass<br>2021 Midwest Rd<br>Suite #200<br>Oak Brook, IL 60523<br>rbass@corpoffices.com  | ·ou               | Attorney Fees  |              |                                   | \$835.00                  |  |
| 17. | Within 1 year before you filed for bankrupromised to help you deal with your creed not include any payment or transfer that  No Yes. Fill in the details.   | ditors            | or to make payments to your creditors  |              | r transfer any prope              | rty to anyone who         |  |
|     | Person Who Was Paid<br>Address  |                   | Description and value of any proper transferred  | rty          | Date payment or transfer was made | Amount of payment         |  |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all No  Yes. Fill in the details. | ur busi<br>s made | ness or financial affairs? as security (such as the granting of a sec  |              | erty to anyone, othe              |                           |  |
|     | Yes. Fill in the details.  Person Who Received Transfer Address   |                   | Description and value of property transferred  |              | ny property or received or debts  | Date transfer was made    |  |
|     |   |                   | property transferred   | paid in exc  |                                   | maue                      |  |
|     | Person's relationship to you  |                   |  |              |                                   |                           |  |

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Debtor 1 **Norma Valdes** 

| 19.  | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-protection № No   |  | y property to a s         | elf-settled | l trust or similar device                            | e of '                | which you are a                               |
|--|--|--|---------------------------|-------------|--|-----------------------|---|
|  | ☐ Yes. Fill in the details.  |  |                           |             |  |                       |   |
|  | Name of trust  | Description and v  | alue of the prope         | erty transi | ferred   |                       | Date Transfer was<br>made                     |
| Pai  | t 8: List of Certain Financial Accounts, Inst  | ruments, Safe Deposi   | Boxes, and Stor           | rage Units  | <b>3</b>   |                       |   |
| 20.  | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other financial accou  | nts; certificates c       | of deposit  | •  | •                     | ,   |
|  | Yes. Fill in the details.  |  |                           |             |  |                       |   |
|  |  | Last 4 digits of account number  | Type of accoun instrument | nt or       | Date account was closed, sold, moved, or transferred |                       | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for   | bankruptcy, any           | safe dep    | osit box or other depo                               | sito                  | ry for securities,                            |
|  | ■ No □ Yes. Fill in the details.   |  |                           |             |  |                       |   |
|  | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                           | Describe t  | he contents  |                       | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or  | place other than your  | home within 1 y           | ear before  | e you filed for bankrup                              | tcy?                  | •   |
|  | ■ No □ Yes. Fill in the details.   |  |                           |             |  |                       |   |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                           | Describe t  | he contents  |                       | Do you still have it?                         |
| Pai  | t 9: Identify Property You Hold or Control for   | or Someone Else  |                           |             |  |                       |   |
| 23.  | Do you hold or control any property that som for someone.  | neone else owns? Incli   | ude any property          | you borre   | owed from, are storing                               | for,                  | , or hold in trust                            |
|  | ■ No □ Yes. Fill in the details.   |  |                           |             |  |                       |   |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                           | Describe t  | he property  |                       | Value   |
| Pai  | t 10: Give Details About Environmental Infor   | rmation  |                           |             |  |                       |   |
| For  | the purpose of Part 10, the following definition   | ns apply:  |                           |             |  |                       |   |
|  | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these                            | e air, land, soil, surface   | e water, groundw          |             |  |                       |   |
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize in |  |  |                           |             |  | or utilize it or used |   |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Norma Valdes

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |  |                    |  |  |  |  |  |
|-----|---|---|--|--------------------|--|--|--|--|--|
|     | ■ No □ Yes. Fill in the details.  |   |  |                    |  |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State a ZIP Code)      | Environmental law, if you know it      | Date of notice     |  |  |  |  |  |
| 25. | Have you notified any governmental unit of  | f any release of hazardous material?                                    |  |                    |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                    |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State a ZIP Code)      | Environmental law, if you know it      | Date of notice     |  |  |  |  |  |
| 26. | Have you been a party in any judicial or ad   | ministrative proceeding under any en                                    | vironmental law? Include settlements   | and orders.        |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                    |  |  |  |  |  |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                     | Status of the case |  |  |  |  |  |
| Par | 11: Give Details About Your Business or   | Connections to Any Business   |  |                    |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankrup   | tcy, did you own a business or have a                                   | any of the following connections to an | y business?        |  |  |  |  |  |
|     | ■ A sole proprietor or self-employed  | in a trade, profession, or other activity                               | y, either full-time or part-time       |                    |  |  |  |  |  |
|     | ☐ A member of a limited liability com   | pany (LLC) or limited liability partners                                | hip (LLP)                              |                    |  |  |  |  |  |
|     | ☐ A partner in a partnership  |   |  |                    |  |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |   |  |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the votir  | ng or equity securities of a corporation                                | 1                                      |                    |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to  | Part 12.  |  |                    |  |  |  |  |  |
|     | Yes. Check all that apply above and fil   | II in the details below for each busines                                | SS.                                    |                    |  |  |  |  |  |
|     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper   | Do not include Social Security         |                    |  |  |  |  |  |
|     | (   | Name of accountant of bookkeeper  | Dates business existed                 |                    |  |  |  |  |  |
|     | NV Photo Booth<br>334 Shorewood Dr  | Photo booth euipment for party and events                               | EIN: n/a<br>From-To 2013 to 2014 (Clo  | aad\               |  |  |  |  |  |
|     | Glendale Heights, IL 60139  | n/a   | 2013 to 2014 (Glo                      | seuj               |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties.  | tcy, did you give a financial statement                                 | t to anyone about your business? Incl  | ude all financial  |  |  |  |  |  |
|     | ■ No<br>□ Yes. Fill in the details below.   |   |  |                    |  |  |  |  |  |
|     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued   |  |                    |  |  |  |  |  |
|     |   |   |  |                    |  |  |  |  |  |

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Debtor 1 Norma Valdes Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Norma Valdes Signature of Debtor 2 Norma Valdes Signature of Debtor 1 Date August 26, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this infor            | mation to identify your                         | case:               |   |  |
|-------------------------------|---|---------------------|---|--|
| Debtor 1                      | Norma Valdes                                    |                     |   |  |
|                               | First Name                                      | Middle Name         | Last Name   | _  |
| Debtor 2                      |   |                     |   | _  |
| (Spouse if, filing)           | First Name                                      | Middle Name         | Last Name   |  |
| United States Ba              | ankruptcy Court for the:                        | NORTHERN DIS        | TRICT OF ILLINOIS   | _  |
| Case number                   |   |                     |   |  |
| (if known)                    |   |                     |   | ☐ Check if this is an                                      |
|                               |   |                     |   | amended filing   |
|                               |   |                     | /iduals Filing Under Cha  | pter 7 12/15   |
|                               | ividual filing under cha                        |                     | ii out this form ir:  |  |
| _                             | e claims secured by yo                          |                     |   |  |
| You must file thi             | ever is earlier, unless th                      | ithin 30 days after | oot expired.  you file your bankruptcy petition or by the da le time for cause. You must also send copies |  |
|                               | eople are filing togethened date the form.      | in a joint case, bo | oth are equally responsible for supplying corr  | ect information. Both debtors must                         |
| •                             | and accurate as possib<br>our name and case nur | •                   | s needed, attach a separate sheet to this form  | n. On the top of any additional pages,                     |
| Part 1: List Y                | our Creditors Who Have                          | e Secured Claims    |   |  |
| For any credit information be |   | art 1 of Schedule D | 9: Creditors Who Have Claims Secured by Pro   | operty (Official Form 106D), fill in the                   |
|                               | editor and the property t                       | hat is collateral   | What do you intend to do with the property secures a debt?  | y that Did you claim the property as exempt on Schedule C? |
|                               |   |                     |   |  |
| Creditor's E                  | Bank of America                                 |                     | O commendate the comments   | П.v.   |
| name:                         | Jank Of Afficiled                               |                     | ☐ Surrender the property.   | □ No   |
| namo.                         |   |                     | Retain the property and redeem it.  | ■ Yes  |
| Description of                | 2008 Suzuki XL7 8                               | 8000 miles          | Retain the property and enter into a<br>Reaffirmation Agreement.  | <b>—</b> 163   |
| property                      | Location: 334 Sho                               |                     | Retain the property and [explain]:  |  |
| securing debt:                | Unit #3-B, Glendal                              | e Heights           | = 1.500 and proposity and toxplainty  |  |

Glendale Heights, IL 60139 property

**DuPage County** securing debt:

Seterus, Inc.

**Debtor Residence** 

334 Shorewood Dr Unit #3-B

☐ Surrender the property. ☐ Retain the property and redeem it.

☐ Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]:

**Laon Modification Request** 

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

☐ No

Yes

Official Form 108

Creditor's

Description of

name:

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| Debt                                 | tor 1   | Norma Valdes   | Case number (if known)  |
|--------------------------------------|---------|--|---|
|                                      | or's n  | ame:<br>n of leased  | □ No  |
|                                      | erty:   |  | ☐ Yes   |
|                                      | or's na | ame:<br>n of leased  | □ No  |
|                                      | erty:   |  | ☐ Yes   |
|                                      | or's n  | ame:<br>n of leased  | □ No  |
|                                      | erty:   |  | ☐ Yes   |
| Lessor's name: Description of leased |         |  | □ No  |
| Property:                            |         |  | ☐ Yes   |
| Lessor's name: Description of leased |         |  | □ No  |
| Prop                                 |         |  | ☐ Yes   |
|                                      | or's n  | ame:<br>n of leased  | □ No  |
|                                      | erty:   | 101104004  | ☐ Yes   |
|                                      | or's n  | ame:<br>n of leased  | □ No  |
| Prop                                 |         |  | ☐ Yes   |
| Part                                 | 3:      | Sign Below   |   |
| Unde                                 | er pen  | alty of perjury, I declare that I have indicate<br>nat is subject to an unexpired lease. | I my intention about any property of my estate that secures a debt and any personal |
| -                                    | -       | orma Valdes  | X   |
|                                      | Norr    | na Valdes  | Signature of Debtor 2   |
|                                      | Signa   | ature of Debtor 1  |   |
|                                      | Date    | August 26, 2016  | Date  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-27581 Doc 1 Filed 08/29/16 Entered 08/29/16 07:11:07 Desc Main Document Page 52 of 57

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Norma Valdes  |  | Case No  |                                      |
|--------|---|--|--|--------------------------------------|
|        |   | Debtor(s)  | Chapter  | 7                                    |
|        | DISCLOSURE OF COME  | PENSATION OF ATTO  | RNEY FOR D   | EBTOR(S)                             |
| С      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplation   | filing of the petition in bankruptcy   | y, or agreed to be pai   | d to me, for services rendered or to |
|        | For legal services, I have agreed to accept   |  | \$   | 835.00                               |
|        | Prior to the filing of this statement I have receive  |  |  | 835.00                               |
|        | Balance Due   |  | \$   | 0.00                                 |
| 2. Т   | The source of the compensation paid to me was:  |  |  |                                      |
|        | ■ Debtor □ Other (specify):   |  |  |                                      |
| 3. Т   | The source of compensation to be paid to me is:   |  |  |                                      |
|        | ■ Debtor □ Other (specify):   |  |  |                                      |
| 4. I   | ■ I have not agreed to share the above-disclosed co   | ompensation with any other person  | n unless they are men  | mbers and associates of my law firm. |
| I      | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the  |  |  |                                      |
| 5. 1   | In return for the above-disclosed fee, I have agreed t  | o render legal service for all aspec   | cts of the bankruptcy  | case, including:                     |
| b<br>c | a. Analysis of the debtor's financial situation, and reco. Preparation and filing of any petition, schedules, Representation of the debtor at the meeting of cred. [Other provisions as needed]  Negotiations with secured creditors reaffirmation agreements and applications of the debtor at the meeting of credit provisions as needed. | statement of affairs and plan whice<br>ditors and confirmation hearing, a<br>to reduce to market value; ex<br>ations as needed; preparatio | th may be required;<br>and any adjourned he<br>cemption planning | earings thereof;                     |
| б. Е   | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.   |  |  | ces, relief from stay actions or     |
|        |   | CERTIFICATION  |  |                                      |
|        | certify that the foregoing is a complete statement of ankruptcy proceeding.   | f any agreement or arrangement for   | or payment to me for   | representation of the debtor(s) in   |
| Aı     | ugust 26, 2016  | /s/ Richard S. Ba  | ass  |                                      |
|        | ate   | Richard S. Bass  |  |                                      |
|        |   | Signature of Attorn  | aey<br>chard S. Bass LT  | n                                    |
|        |   | 2021 Midwest R   |  | -                                    |
|        |   | Suite #200   | 2500   |                                      |
|        |   | Oak Brook, IL 60<br>630-953-8655 F   | 0523<br>ax: 630-953-8687   |                                      |
|        |   | rbass@corpoffic  |  |                                      |
|        |   | Name of law firm   |  | <del></del>                          |

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### United States Bankruptcy Court Northern District of Illinois

| In re | Norma Valdes  |   | Case No.         |  |  |
|-------|---|---|------------------|--|--|
|       |   | Debtor(s)   | Chapter <b>7</b> |  |  |
|       | VE  | CRIFICATION OF CREDITOR N                         | MATRIX           |  |  |
|       |   | Number of Creditors: 30                           |                  |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                  |  |  |
| Date: | August 26, 2016   | /s/ Norma Valdes Norma Valdes Signature of Debtor |                  |  |  |

Adventist Glen Oaks Hospital PO BOX 4657 RE Patient Accts Oak Brook, IL 60522

Adventist Hinsdale Hospital PO BOX 9247 RE Patient Accts Oak Brook, IL 60522-9247

Amita Health Medical Group Attn: Patient Accts Attn: 16934J PO BOX 14000 Belfast, ME 04915-4033

Bank of America PO Box 982235 RE: Bankruptcy Dept El Paso, TX 79998-2235

Berks Credit & Collection 900 Corporate Dr RE Medical Collection Reading, PA 19605

Best Buy Credit Services Attn: Bankruptcy Dept PO BOX 790441 Saint Louis, MO 63179

Capital One Attn: Bankruptcy Dept PO BOX 30285 Salt Lake City, UT 84130-0285

Capital One Attn: Bankruptcy Dept P.O. BOX 30281 Salt Lake City, UT 84130

CBNA.Best Buy PO Box 6497 RE Bankruptcy Dept Sioux Falls, SD 57117 Chase

Attn: Bankruptcy Dept PO BOX 15298 Wilmington, DE 19850-5298

Chase

Attn: Bankruptcy Dept PO BOX 15298 Wilmington, DE 19850-5298

Comenity Bank/Carsons Attn: Bankruptcy Dept PO Box 182125 Columbus, OH 43218-2125

Comenity-Carsons RE Collection Dept PO Box 182789 Columbus, OH 43218

Creditors Collection Bureau PO Box 63 RE Adventist Medical Kankakee, IL 60901-0063

Discover Card Attn: Bankruptcy Dept PO BOX 30943 Salt Lake City, UT 84130

DSNB/Macy's PO Box 8218 RE Bankruptcy Dept Monroe, OH 45050

Kohls
Attn: Bankruptcy Dept
PO BOX 3043
Milwaukee, WI 53201-3043

Kohls
Attn: Bankruptcy Dept
PO BOX 3115
Milwaukee, WI 53201

Macy s
Attn: Bankruptcy Processing
PO BOX 8053
Mason, OH 45040

Merchant Credit Guide Adventist Hinsdake Hsp 223 W. Jackson Blvd #700 Chicago, IL 60606

Merchant Credit Guide RE Adventust Glen Oaks Hosp 223 W. Jackson Blvd #700 Chicago, IL 60606

Merchant Credit Guide RE Adventist Glen Oaks 223 W. Jackson Blvd #700 Chicago, IL 60606

Merchant Credit Guide RE Adventist Glen Oaks 223 W. Jackson Blvd #700 Chicago, IL 60606

Merchants Credit Guide RE:Adventist Glenoaks&Hinsdale Hosp 223 W. Jackson Blvd #700 Chicago, IL 60606

Sears Card PO Box 6283 RE Bankruptcy Dept Sioux Falls, SD 57117-6283

Sears Mastercard Attn: Bankruptcy Dept PO BOX 6282 Sioux Falls, SD 57117-6282

Seterus, Inc. Attn: Bankruptcy Dept PO BOX 1047 Hartford, CT 06143-1047 Seterus, Inc. 14523 SW Millikan Way #200 RE Bankruptcy Dept Beaverton, OR 97005

Synchrony Bank. WalMart PO Box 965022 RE Bankruptcy Dept Orlando, FL 32896-5022

Synchrony/Wal Mart Attn: Bankruptcy Dept PO BOX 965061 Orlando, FL 32896-5061